



COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE

ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER

and the

PRINCIPAL SCHOOL MEDICAL
OFFICER

1968

RONALD W. ELLIOTT M.D., M.SC., D.P.H.

WEST RIDING HEALTH COMMITTEE

(as at 31.12.68)

83023

CHAIRMAN

County Alderman Mrs. E. E. Smith, O.B.E.

VICE-CHAIRMAN

County Councillor R. Egan

COUNTY ALDERMEN

Atkinson, D. W.

Baynham, T., O.B.E.

Cutts, W.

Ebery, H.

Fitzpatrick, Mrs. L. I.

Hudson, Major J. H., C.B.E., M.C., D.L.
(Chairman of the County Council)

Hudson, W.

Morris, W. A.

Rankin, H.

Smith, Mrs. J., C.B.E.

(Vice-Chairman of the County Council)

Sutcliffe, H.

COUNTY COUNCILLORS

Blythe, C. P.

Boot, Mrs. B. A.

Bushby, M.

Crawford, Mrs. J. G.

Culpan, J.

Drake, S. H.

Etchells, G. S.

Fisher, Mrs. D. J.

Fortune, Mrs. N.

Goldthorp, S. D.

Goodwin, R.

Grenshaw, C.

Hardaker, Mrs. L., M.B.E.

Hardwick, Mrs. D.

Hardy, J.

Henry, W., B.E.M.

Illingsworth, S., B.E.M.

Jackson, Mrs. Y. B.

Kenningham, Mrs. D.

Kenny, G. W.

Mather, Dr. N. J. de Ville

Milton, H., B.A.

Moxon, H. C.

Newsam, A.

Newsome, Mrs. B.

Pickard, Dr. J. W.

Prendergast, J.

Rhodes, H.

Richards, H. B.

Roebuck, T.

Smith, C. A.

Smith, Mrs. Joan

Stockhill, E.

Turner, J. R. B.

Watson, Mrs. G. M.

Wilson, J.

(1 vacancy)

WEST RIDING EDUCATION COMMITTEE

(as at 31.12.68)

CHAIRMAN

County Alderman Mrs. L. I. Fitzpatrick

VICE-CHAIRMAN

County Alderman C. T. Broughton

Representative Members:—

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Batty, T.
(*Chairman of the Finance Committee*)
Baynham, T., O.B.E.
Boland, C. W.
Dews, C.
Hudson, Major J. H., C.B.E., M.C., D.L.
(*Chairman of the County Council*)
Hudson, W.

Miles, H.
Nicholson, G. H.
Payne, J. E.
Ratcliffe, Mrs. E., O.B.E.
Smith, Mrs. J., C.B.E.
(*Vice-Chairman of the County Council*)
Yorke, J.

COUNTY COUNCILLORS

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Atkinson, J. D.
Bean, Mrs. M. V.
Beever, L.
Berry, F.
Bloomer, I. R.
Blythe, C. P.
Booth, C. B.
Bott, G. N.
Cooper, F.
Cross, Miss D. L., B.A., B.SC.(Econ.), L.ES.L.
Doyle, P.

Fitton, Mrs. C.
Fortune, Mrs. N.
Free, N.
Hardaker, Mrs. L., M.B.E.
Howard, T.
Jones, C.
Lawton, J. A., M.A., B.SC., M.ED.
Mann, C.
Spurr, J.
Sykes, Mrs. E. M.
Thompson, D.
Watson, Mrs. G. M.
(1 vacancy)

Added Members:—

Clayton, W., O.B.E.
Haigh, R. H., O.B.E.
Isles, F. B.
Martin, Mrs. M., LL.B.
Pollard, A.
Roberts, Mrs. E.

Robson, Prof. H. N., M.B., CH.B.,
F.R.C.P., F.R.A.C.P.
Smith, H.
Stevens, Sir Roger, G.C.M.G., M.A.
Warren, R. A. D., B.A.

STANDING SUB-COMMITTEES OF THE WEST RIDING HEALTH COMMITTEE

Ambulance Sub-Committee.—All matters relating to the County Ambulance Service. (Section 27, National Health Service Act, 1946.)

Mental Health Sub-Committee.—All matters relating to the duties of the Local Health Authority under the Mental Health Act, 1959, and the care and after-care of persons suffering from mental disorder. (Section 28, National Health Service Act, 1946.)

Welfare Sub-Committee.—Arrangements for the prevention of illness, the care of persons suffering from illness other than mental illness, or the after-care of such persons. (Section 28, National Health Service Act, 1946.)

Arrangements for promoting the welfare of persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity, or such other disabilities as may be prescribed by the Minister of Health, and arrangements with Voluntary Organisations therefor. (Sections 29 and 30, National Assistance Act, 1948.)

Assistance grants to Voluntary Organisations providing meals or recreational facilities for old people. (Section 31, National Assistance Act, 1948.)

Arrangements for the protection of property of persons admitted to hospitals, etc. (Section 48, National Assistance Act, 1948.)

The recovery of charges and expenses where permissible in respect of all services provided by the Health Committee.

The West Riding Distress Fund.

Welfare Accommodation Sub-Committee.—The provision and management of residential accommodation for persons who, by reason of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them. (Sections 21-24, National Assistance Act, 1948.)

Arrangements with Voluntary Organisations and other Local Authorities for the provision of accommodation in property maintained by them. (Section 26, National Assistance Act, 1948.)

The registration of disabled persons' or aged persons' homes. (Sections 37-39, National Assistance Act, 1948.)

Registration of charities for disabled persons. (Section 41, National Assistance Act, 1948.)

Care of Mothers and Young Children and Nursing Services Sub-Committee.—The duties of the County Council in respect of Nursing Homes (Sections 187-195, Public Health Act, 1936 and the Nursing Homes Act, 1963); Notification of Births (Section 203, Public Health Act, 1936); the care of mothers and young children (Section 22), domiciliary midwifery (Section 23), health visiting (Section 24), home nursing (Section 25) and domestic help (Section 29) services under the National Health Service Act, 1946; the Nurseries and Child-Minders Regulation Act, 1948; and the Midwives Act, 1951.

JOINT STANDING SUB-COMMITTEE OF THE WEST RIDING HEALTH AND EDUCATION COMMITTEES

Divisional, School Health and Dental Services Sub-Committee.—All matters appertaining to the Divisional Health Administration (Section 111, Local Government Act, 1933); and the School Health and County Dental Services. (Education Act, 1944.)

STANDING SUB-COMMITTEE OF THE WEST RIDING EDUCATION COMMITTEE

Special Services Sub-Committee.—All matters appertaining to the ascertainment of handicapped pupils and the provision of special educational treatment. (Education Act, 1944.)

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INTRODUCTION

PREVENTIVE MEDICINE - DOES IT NOW FIT INTO PLACE ?

Although the body of this report refers to the calendar year 1968 it is here more convenient and useful to review events in the light of what has happened in the period between the publications of the report for 1967 and the current one.

In reviewing 1966 I gave some thought to the future of public health but my remarks were not then based on any firm proposals. It was clear that we were very much at the cross-roads and that forecasting was very speculative. Concerning 1967 I made the point that a lot of work was being done in the background which, when it came to light, would probably give us firm indications as to the future, and for the time being I therefore concentrated on recording the considerable efforts which had been made nationally and in the West Riding in an attempt to make the present organisation of the medical services work effectively. Indeed much had been achieved but it was felt that the stage had been reached when much closer links between the medical services were necessary in order to proceed further.

The events of 1968/69 now end the era of marking time and waiting for pointers to the future. This particular year has been extremely prolific for the publication of reports, papers and ideas, and now one can at least give one's imagination freedom of action based on studied and authoritative concepts. Whether any firm conclusion can be reached as a result of this exercise is another matter, and perhaps it is too early to do this in such a vintage year of opportunities for new thinking. I shall attempt to extract from these events some indication of what appears to me to be the future rôle of preventive medicine and of those engaged in it.

Events affecting the administrative structure

- (i) THE REPORT OF THE COMMITTEE ON LOCAL AUTHORITY AND ALLIED PERSONAL SOCIAL SERVICES. (THE SEEBOHM COMMITTEE)

This report now over a year old has not yet been pronounced upon by Central Government concerning its implementation. It is critical in its approach to the medical officer of health, has caused bitter controversy and has led to the lining up of two opposing sides; on the one hand those who want its implementation immediately irrespective of the consequences, and on the other those who would have a more studied and guarded approach. It

seeks to combine in one new department of local government the following:

- (a) the present services provided by children's departments.
- (b) the welfare services provided under the National Assistance Act, 1948.
- (c) education welfare services and child guidance services.
- (d) the home help service, mental health social work services, adult training centres, other social work services and day nurseries provided by local health departments.
- (e) certain social welfare work currently undertaken by some housing departments.

The report very strongly recommends that the new department remains with local authorities and is not transferred to any other place.

(ii) THE ADMINISTRATIVE STRUCTURE OF THE MEDICAL AND RELATED SERVICES IN ENGLAND AND WALES. (MINISTRY OF HEALTH GREEN PAPER)

This document published on the same day as the Seebohm report seeks to unify all branches of the medical services. Whilst not ruling out control of these joint services by any new type of local authority which might be set up as a result of the report of the Royal Commission on Local Government, it did however give in some detail and with some stress a description of area boards which would be independent of local government and would be appointed by the central department. It also recognised the difficulty which would be created in the separation of certain functions, now of prime interest to medical officers of health, some of which would remain with authorities and the rest becoming part of the new area boards.

(iii) ROYAL COMMISSION ON LOCAL GOVERNMENT

After prolonged study the Royal Commission issued its voluminous report which contained its main recommendations, a lengthy minority dissentient report and one or two notes of reservation. The main report recommended unitary all-purpose authorities which vary in size from under 200,000 population to over half a million. This in fact meant one tier local government. There were to be district councils and provinces below and above the unitary authority but with functions which were largely advisory of a very general nature. The report however did recommend a two tier structure of local government for certain metropolitan areas as in the West Midlands, Manchester and Liverpool. The dissentient report recommended essentially a two tier system throughout. Both reports recognised the importance of the administration of the health services in this context, and whilst it was thought to be outside their direct remit they did devote considerable space to it. Both felt that the unified health services could be integrated into local government within their respective systems. The main report dealing with unitary authorities, however, seemed to be less forceful in this direction, and did in fact offer an alternative solution for the health services to be administered outside local government, but with strong local government representation.

What appears to be developing from all this is an ardent expression of views, much of it based on various degrees of self-interest as to whether the health service should leave local government completely; whether they should come under local government completely, or whether there should be some compromise solution; and there for the moment the matter must rest. It is as well however to recognise the importance of the Secretary of State's speech at Bethel Hospital, Norwich, on Friday, the 28th February, 1969, when very briefly he referred to the reactions which the central department had received to the then Ministry of Health's Green Paper. The Secretary of State said that he had been very impressed indeed with the astonishing agreement from all concerned that a unified health service was necessary. He went on to say that almost everybody disagreed with the main emphasis of the Green Paper which seemed to concentrate authority at central government level, and that there was a considerable body of opinion that there must be some local accountability for the health services, and that a consensus of opinion seemed to be emerging in favour of a two tier structure of administration.

Most people, whatever their views on administration may be, seem to be convinced that the health services and the social services should be controlled by the same authority if possible or, if not, that they should be administered in co-terminous areas. The dilemma is how to weld together the apparently incompatible views expressed in the three documents referred to above and to determine where preventive medicine and the medical officer of health fits into all this. The medical officer of health has much experience in a co-ordinating rôle and it seems that his skill in this direction may be badly needed in future to close the almost inevitable gaps which will arise in the future administration.

More food for thought is given in the recent publication of the Green Paper for Northern Ireland on the Administrative Structure of the Health and Personal Social Services which suggests that there should be independently appointed area boards in charge of *both* the health and social services and completely independent of local government. Scotland on the other hand have gone ahead rapidly with the full implementation of a Seebohm type Committee report, as have unfortunately some few authorities in England, without waiting for mature consideration of the whole problem. The future should be at least interesting, if not traumatic.

Events affecting training for the preventive services and in medical administration

(i) GENERAL MEDICAL COUNCIL'S RECOMMENDATIONS AS TO DIPLOMAS IN PUBLIC HEALTH, 1967

Although published in 1967 this had its main impact on training schools in 1968. The General Medical Council recognise that immense changes in the duties of the medical officer of health have and will continue to take place, and that his interest in sanitary science and infectious diseases, although not

diminishing, must be joined by many other aspects of preventive work. The following quotation from the recommendations are of interest:

“ The Medical Officer of Health to-day must be familiar with the principles of epidemiology and statistics, with the structure of the health and related social services, and with the organisation of medical care. In a large local authority he supervises a large staff including a number of medical officers. He is moreover engaged in only one branch of community health practice—other branches, with which he must work in close association, include the administration of the hospital and general practitioner services, and industrial medicine. This situation is not static, and it seems desirable that in future the curriculum for Diplomas in Public Health should be designed to equip doctors to work in a situation where the different branches of community health service administration may become even more closely associated than at present.”

We have here already an indication of the necessity for preventive medicine to be linked more closely with the other branches of the medical services, but the Council goes on further to envisage the administrative training which would involve its recipients in careers participating in other aspects of the health service:

“ The Council agrees with the evidence which has been received to the effect that the academic training appropriate for a Medical Officer of Health differs little from that required for posts in other branches of community health service administration. The Diploma in Public Health therefore could appropriately be regarded as the common academic core of several schemes of training for doctors who might seek subsequent employment either as Medical Officers of Health or in other branches of community health practice. The academic course for the Diploma in Public Health should be supplemented by further periods of vocational training; and this vocational training should be arranged and varied according to the branch of community medicine in which the doctor plans to make his career.”

(ii) THE ROYAL COMMISSION ON MEDICAL EDUCATION

This lengthy and absorbing document dealing with the future pattern of medical training has this to say:

“ In our picture of the future pattern of medical services in Britain, all doctors—general practitioners as well as consultants—will be specialists in particular aspects of medicine who will be equally regarded as such and will be fully trained for the work they undertake.”

If these recommendations are accepted it means that in future there will be more intensive training for specific posts and largely by way of vocational training; the report emphasises this need as far as community medicine is concerned as follows:

“ The main elements in the professional education and training of the specialist in community medicine are already well recognised. Epidemiology

statistics, medical sociology, operational research and the organisation of medical care and administration (or management) are the core subjects; their assimilation requires academic instruction and preferably, even for doctors who expect to spend most of their working lives in professional practice, opportunity for some research experience."

The report envisages that community physicians (or medical officers of health) should have the same sort of basic three years training as for all clinical specialists, and that for two years after that they should be intensively trained and experienced in community medicine.

The comments of the General Medical Council and the Royal Commission on Medical Education are complementary and a number of training schools for the Diploma in Public Health or its equivalent have now changed their syllabus of training to meet these new needs of the future. None of them would claim that their own variety is the final pattern and much experimentation is being done. The main theme, however, is that medical administration should be in the forefront and of a kind that will make the recipient of this training ready for useful work in joint medical administration for all three branches of the service.

(iii) WEST RIDING EXPERIMENTS

It has yet to be proved that community medicine of the future will be solely administrative. It is true that the Sheldon report on the work of child welfare centres and the Royal Commission on Medical Education have both assumed this. There are, however, cogent reasons for thinking that some element of clinical work of a more specialised kind will still be needed in community medicine, and that re-training at this level will be necessary. Facilities will still be needed in the future to prepare for a career in this branch of preventive medicine. Already this is recognised by intensive courses arranged by the Society of Medical Officers of Health and others at the Great Ormond Street Hospital for Sick Children.

A case has been made for this type of training in connection with the future of the school health service in the paper reproduced on page 45.

In following up this theme we have in the West Riding just completed a year's course for a number of our existing medical officers in order to draw their attention to more specific and specialised parts of their work. This has been well received and the doctors concerned have all expressed the view that it has led to a stimulation of their job satisfaction. The curriculum for this course is reproduced on page 23. It is intended to repeat this or modified courses as required.

Events affecting the responsibilities of preventive medicine

It is the experience of all branches of medical science to be subject to change and this applies to preventive medicine in particular, as the events of the last

half century show clearly. That similar changes are still occurring is illustrated by the not inconsiderable number of such events which have occurred in the last twelve months.

(i) FORMATION OF THE HEALTH EDUCATION COUNCIL, LTD.

This replaces the voluntary Central Council for Health Education which has now been liquidated. The change illustrates the greater pressure which, following the Cohen Report, the government wish to exercise in the promotion of health education and the strenuous efforts which will be required of all practitioners of preventive medicine in order to advance this difficult subject. It is pleasing to note that the West Riding Deputy County Medical Officer has become a member of the Medical Advisory Committee of this Council.

(ii) FAMILY PLANNING ACT, 1967

More action and thinking on this subject was carried out in 1968. The Act enlarges the sphere of activities of local authorities in family planning and allows them to give advice and assistance not only to medical cases but for social problems and in connection with problem families. It opens the door to greater direct participation of medical and nursing staff of local authorities in this sphere. Already a number of West Riding Departmental Medical Officers have been specially trained in this field.

(iii) THE ABORTION ACT, 1967

This Act came into force on the 27th April, 1968, and although particularly affecting clinical practice it has its repercussions in the preventive field. It allows legalised abortion not only on the grounds of physical or mental illness in the mother, but for what may be termed social reasons, if other members of the family are at risk of physical or mental injury. This immediately becomes a medico-social problem in which we are bound to be indirectly involved. A direct involvement of course, is, on behalf of the central department, in the inspection for the purpose of registration of nursing homes concerned with abortion activities.

(iv) INTERMITTENT RENAL DIALYSIS IN THE HOME

(Ministry of Health Circular 2/68)

With the advance of knowledge of renal physiology it is now possible to prolong the lives of persons with serious kidney disease, and at the same time to allow them to lead as near a normal life as possible in their own homes. This involves a joint effort between hospitals and local health authorities in making sure that the equipment and domestic facilities are jointly suitable for this intricate process. Already much work has been done and many patients brought back to their own homes to their personal benefit and to that of the hospitals in releasing badly needed beds.

(v) DANGEROUS DRUGS (SUPPLY TO ADDICTS) REGULATIONS, 1968

Again although these regulations apply largely to clinical practice, assistance is needed from local health authorities, particularly through their health visiting and mental health workers, in connection with difficult problems of rehabilitation.

(vi) THE NATIONAL HEALTH SERVICE (VENEREAL DISEASES) REGULATIONS, 1968

These regulations, accompanied by a memorandum on contact tracing in the control of venereal disease, have a joint effect of placing the direct responsibility for the tracing of contacts on the medical officer of health and his staff. Hitherto such work has been carried out in different ways with varying efficiency. Central guidance has now been given and it can be assumed that preventive medicine has now been afforded a great opportunity to improve its effectiveness.

(vii) DAY CARE FACILITIES FOR CHILDREN UNDER FIVE

Based on Section 60 of the new Health Services and Public Health Act, 1968, Circulars 36/68 and 37/68 were issued by the Ministry of Health. Briefly these circulars give guidance as to how registration of various premises and persons undertaking these duties shall be administered, placing the responsibility on the medical officer of health. The standards which we have adopted are given in a document printed in this report on page 55. Medical officers of health were further requested to conduct an enquiry jointly with the education department and the children's department as to the expected further requirements for day care facilities.

(viii) AMBULANCE TRAINING AND EQUIPMENT

Two reports on the above subject were published prior to 1968 but the repercussions on health departments were felt quite considerably during 1968 and will lead to improved facilities to the public by way of better equipment and more adequately trained personnel. Already the West Riding is running a training school which is giving improved training facilities not only for members of its own service, but also for ambulance personnel of other authorities.

(ix) THE FUTURE OF TRAINING CENTRES

Much confusion exists in the minds of many medical officers of health because of the impending dismemberment of a service which has shown remarkable improvement in latter years. The Seebohm report suggests that adult training centres be removed to the control of the new social welfare department. The announcement by the Prime Minister in the House on the 26th November, 1968, also gave the news that junior training centres should become part of the educational system. It is admitted by those concerned with

these decisions that they have been made on very finely balanced evidence and of course the whole matter is bound up with the future of the health and social services, vis a vis Local Government. It may be interesting, however, to relate some work done in the West Riding Health Department by way of an analysis of 5,000 forms 2 H.P. submitted by our medical officers between October, 1965, and June, 1969. Of the 5,000 children under consideration 406 were declared by the examining medical officer to be unsuitable for education. Of the 406 cases, 67 were recommended for special care units or for hospitals for the subnormal because of gross physical and mental handicaps (16·5 per cent.). A further 93 cases (22·9 per cent.) had already been given considerable previous trials at educational establishments, whether at nursery schools, ordinary schools or special schools, and were later thought to be unsuitable for education. Of the 406 cases, 68·2 per cent. of them had an I.Q. range of less than 45. If we take into consideration also the rapid development of special care units for severely subnormals in our training centres, which are now beginning to cater for all age groups, we have a very confused picture indeed, and one cannot help but ponder whether health departments may not be forced by circumstances to make provision outside hospitals for cases which cannot be dealt with by the educational system. Duplication of effort seems to be a decided possibility, or will this all mean a greater demand for hospital beds against all the tendencies of recent years?

(x) **HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968**

Although this is by way of a consolidating and enabling Act its general trend towards looking at the health services as a whole rather than as three separate organisations is interesting and has its repercussions on the preventive services. For instance it makes official the work of health visitors, nurses and midwives in places other than the patients' homes. This should have a good effect in stimulating attachment of staff to general practitioners and the working of domiciliary midwives in hospital. This latter has already taken place this year in certain parts of the West Riding. The Act also envisages in the future some degree of central supply of medical equipment for all three branches of the service.

These examples of changes which have occurred in one short period of a year emphasise once again how preventive medicine must adapt, and how necessary it is for constant in-service training in order to keep up with these rapid changes. They also illustrate the fact that preventive medicine is indeed a dynamic discipline and that the attitude taken by the General Medical Council and the Royal Commission on Medical Education, as mentioned above, is surely right.

Events illustrating the effectiveness of some public health measures

I am limiting myself to the last twelve months, although the effect of accumulated preventive measures over the last 100 years are quite well known. My object is to show that this is a continuing process.

(a) All the mortality rates associated with foetal and infant life, and with maternal mortality, have continually decreased over recent years for the

nation as a whole. It is very pleasant to record that as far as the West Riding is concerned all these rates are the lowest ever recorded, and in many instances are lower than the national average. There are, of course, variations in the County but the aggregate figures are most encouraging.

(b) Part III of the Health Services and Public Health Act, 1968, dealing with infectious diseases has led to changes in the list of notifiable diseases as promulgated by the Public Health (Infectious Diseases) Regulations, 1968. An interesting point is that the following diseases are no longer required to be notified:

| | |
|----------------------------|-------------------|
| Acute influenzal pneumonia | Erysipelas |
| Acute primary pneumonia | Membranous croup |
| Acute rheumatism | Puerperal pyrexia |

This is a measure of the tremendous improvement which has occurred as a result of the advances of curative and preventive medicine, and which has caught up with us almost imperceptibly over the years. Any medical practitioner over the age of 50 will know at once from personal experience that all six diseases carried at one time a high mortality rate.

(c) Section 69 of the Health Services and Public Health Act, 1968, removes the powers of the medical officer of health to take compulsory action to admit certain cases of tuberculosis to hospital. These powers could never really be satisfactorily evoked, but the very fact of them being repealed is indicative of the improved situation with regard to tuberculosis in the community.

(d) There is now pressure from the central department to reduce the use of mass radiography—another indication of the improved situation regarding tuberculosis.

Conclusion

The object of this introduction has been to show that although preventive medicine must necessarily make considerable changes in the near future this should not be thought to mean a denigration of the service. Much has been achieved, by preventive measures much is being achieved, but there is still a lot to do as present trends indicate. Preventive medicine must not be allowed to be submerged in all the changes which are likely to take place. Probably the greatest cause for anxiety is that some of the measures now being proposed may be dealt with piecemeal and not in a co-ordinated manner. Timing is very important if enthusiasm and progress are not to be destroyed, and one hopes that this will be borne in mind in all the present deliberations on the future of the health and social services. Encouragement to push ahead vigorously however is given in the postscript to the Chief Medical Officer's introduction to his annual report *On the State of the Public Health for the year 1967* which I hope we shall be able to accept and from which I quote:

“ It will be lamentable to the future of social medicine and gravely limiting to the developing of our services if the present generation of administrative doctors does not seize the opportunity now opening before it of providing


in every district the community physician who will promote the organisation of medical care in all its curative and preventive aspects and in the larger areas the essentially medical part of better administration."

I would like to express my appreciation to all members of the health department staff for their tolerance in furthering the Health Committee's policies, and to welcome all new members and wish them success, and to give my best wishes for their future happiness to all who have left us for various reasons.

At County headquarters we have been sad to lose, through untimely deaths, the services of Miss N. M. Everitt, who was one of our Supervisors of Midwives, and Dr. C. C. Harvey, who had the unique position of being jointly appointed as a Pædiatrician by the Sheffield Regional Hospital Board and the West Riding County Council. We shall greatly miss their advice and help.

Health Department,
Wood Street,
Wakefield.

August, 1969.

 on the. W. Ellis
County Medical Officer

SPECIAL REVIEWS

**INTELLIGENCE IN MONGOLISM — A SURVEY IN
THE WEST RIDING**

IN-SERVICE TRAINING FOR MEDICAL OFFICERS

**GENERAL SOCIAL WORKERS IN THE COUNTY HEALTH
DEPARTMENT**

MEDICAL TRANSPORT AND THE HOSPITAL

THE GREEN PAPER AND THE SCHOOL HEALTH SERVICE

INTELLIGENCE IN MONGOLISM

A SURVEY IN THE WEST RIDING

C. Simpson Smith, Principal Medical Officer

Introductory:

Dunsdon *et al.* (1960)¹ referred to the differing opinions concerning the upper end of the range of intelligence in mongols—some maintaining that none is above imbecile level and quote a series in Copenhagen where the highest I.Q. was 63 in a child of 8 years and another series in Ohio where the highest I.Q. was also 63. They then outlined a survey of mongol children followed up after attendance at the Hospital for Sick Children. Fifty-two from a group of 390 children were selected for testing and, of these, 44 were seen. They were all those who had attended primary schools, private schools, and schools for the educationally subnormal and were therefore regarded as the brighter mongols. The highest I.Q. on the Terman Merrill Scale was 68. The proportion of those with I.Q's of 45 and over in the original sample was estimated to be 6-7 per cent., and of those with I.Q's of 55 and over, 1-2 per cent. The response to education was found to be more closely related to social quotient (measured by the Vineland Scale) than to intelligence quotient alone. No association was found between the degree of the stigma of mongolism and the degree of mental retardation.

Engler (1949) published an interesting book *Mongolism*² based on his own work. He preferred the term 'peristatic amentia' although 'Down's syndrome' is now in more general use. He stressed that all mongols are mentally defective and was emphatic that a supposed mongol with normal intelligence only showed a few of the stigmata and was not a true case. In a personal series of 100 cases, tested by himself, and including a wide age range from 2-54 years he only found three cases with I.Q's of 45 and over:

| Age | | | | I.Q. |
|-------------------|-----|-----|-----|------|
| 5 years 7 months | ... | ... | ... | 55 |
| 12 years 3 months | ... | ... | ... | 45 |
| 25 years 1 month | ... | ... | ... | 55 |

Present Survey:

This covers all children referred to the central office as mongols over a period of 3½ years.

There were 40 boys and 45 girls.

The I.Q. results were as follows:

| I.Q's | Boys | Girls | Total |
|----------------|--------|-------------|-------|
| 70-74 | 1 (71) | — | 1 |
| 65-69 | — | 2 (65 & 67) | 2 |
| 60-64 | — | 2 | 2 |
| 55-59 | 1 | 4 | 5 |
| 50-54 | 4 | 3 | 7 |
| 45-49 | 5 | 5 | 10 |
| 40-44 | 5 | 3 | 8 |
| 35-39 | 3 | 7 | 10 |
| 30-34 | 1 | 2 | 3 |
| 25-29 | 1 | 2 | 3 |
| Not assessable | 19 | 15 | 34 |

This gives a figure of 11·8 per cent. with I.Q's of 55 and over and 30·6 per cent. with I.Q's of 45 and over.

Some of the differences in the results obtained compared to the previous survey of Dunsdon *et al.* might be considered to be due to the age at which the children were tested.

A comparison of the ages of the children with I.Q's of 50 and over when tested is as follows:

| Age | Dunsdon's Series (3·3 per cent. of total) | | | | West Riding Series (20·0 per cent. of total) | | | |
|-------------|--|-------|-------|-------|---|-------|-------|-------|
| | I.Q's | | | | I.Q's | | | |
| | 50-54 | 55-59 | 60-64 | 65-69 | 50-54 | 55-59 | 60-64 | 65-75 |
| 4- 5 years | | | | | 2 | 1 | | 1 |
| 5- 6 years | | | | | 1 | 1 | | |
| 6- 7 years | | 2 | | | 2 | 1 | | |
| 7- 8 years | 1 | | | | 1 | | 1 | |
| 8- 9 years | 1 | | | | | | | 1 |
| 9-10 years | 1 | 1 | | | | 1 | 1 | |
| 10-11 years | 3 | | | | | | | |
| 11-12 years | | | | | | | | 1 |
| 12-13 years | 1 | 1 | | | | | | |
| 13-14 years | | | | | | 1 | | |
| 14-15 years | | | | | | | | |
| 15-16 years | | | | | 1 | | | |
| 17-18 years | | | | 1 | | | | |

Many of Dunsdon's series of children were tested at an older age. In the comparative age groups of 6 upwards 3·3 per cent. of Dunsdon's total cases and 13·0 per cent. of the West Riding children had I.Q's of 50 or over on test.

Placement of Children with I.Q's of 45 and over or receiving Education

| Sex | Age at test Years Months | | I.Q. | Placement at time of test | Placement recommended |
|-----|--------------------------------|----|-------------------|------------------------------|--|
| M | 6 | 4 | 51 | Ordinary school | E.S.N. school |
| M | 6 | 3 | 48 | Nursery school | Training centre |
| M | 4 | 4 | 46 | Pre-school | Training centre |
| M | 5 | 0 | 54 | Training centre | To remain |
| M | 4 | 6 | Not assessable | Nursery school | Training centre |
| M | 4 | 11 | 48 | Pre-school | Training centre |
| M | 4 | 0 | 66 | Pre-school | Trial at ordinary school |
| | 6 | 1 | 48 | | Transfer to training centre |
| M | 4 | 7 | 50 | Pre-school | Trial at ordinary school |
| M | 15 | 8 | 42 | E.S.N. school | To adult training centre |
| M | 15 | 5 | 53 | E.S.N. school | To adult training centre |
| M | 4 | 5 | 57 | Pre-school | Trial at ordinary school |
| M | 4 | 2 | 71 | Pre-school | Trial at ordinary school |
| M | 7 | 11 | 49 | E.S.N. school | To remain |
| F | 8 | 0 | 67 | Ordinary school | E.S.N. school |
| F | 10 | 6 | 61 | E.S.N. school | To remain |
| | 11 | 8 | 65 | | |
| F | 8 | 11 | 49 | E.S.N. school | Training centre |
| F | 4 | 11 | 52 | Pre-school | Training centre |
| | 6 | 6 | 45 | Training centre | To remain |
| F | 9 | 6 | 62 | E.S.N. school | To remain |
| F | 9 | 11 | 55 | Training centre | E.S.N. school |
| F | 5 | 2 | 55 | Pre-school | Trial at ordinary school |
| F | 4 | 7 | 52 | Pre-school | Training centre |
| F | 7 | 10 | 44 | Ordinary school | Training centre |
| F | 5 | 9 | Not assessable | Ordinary school | Training centre |
| F | 6 | 0 | 59 | Ordinary school | E.S.N. school |
| F | 14 | 0 | 35 | E.S.N. school | Training centre |
| F | 14 | 11 | 59 | E.S.N. school | Care and guidance on leaving (Employable) |
| F | 6 | 4 | 48 | Ordinary school | Training centre |
| F | 6 | 9 | 51 | Ordinary school | E.S.N. school |
| F | 9 | 5 | 46 | Training centre | To remain |
| F | 7 | 0 | 52 | Ordinary school | E.S.N. school |
| F | 4 | 6 | 46 | Pre-school | Training centre |
| F | 7 | 6 | 64 | Ordinary school | To remain : small village school. No day E.S.N. school |

Re-assessments of I.Q's

As the survey proceeded a number of children were re-tested to re-assess their educability. The following findings were recorded:

| Sex | Age at original test | | I.Q. findings | Age at re-test | | I.Q. findings |
|-----|----------------------|--------|---------------|----------------|--------|---------------|
| | Years | Months | | Years | Months | |
| M | 4 | 0 | 66 | 6 | 1 | 48 |
| M | 3 | 11 | 55 | 5 | 9 | 52 |
| | | | | 8 | 11 | 45 |
| | | | | 11 | 11 | 49 |
| | | | | 15 | 8 | 42 |
| M | 7 | 3 | 63 | 11 | 4 | 61 |
| | | | | 15 | 5 | 53 |
| M | 4 | 11 | 61 | 6 | 2 | 51 |
| | | | | 7 | 11 | 49 |
| F | 4 | 3 | 68 | 5 | 5 | 68 |
| | | | | 8 | 0 | 67 |
| F | 4 | 5 | 61 | 10 | 6 | 61 |
| | | | | 11 | 8 | 65 |
| F | 6 | 9 | 49 | 9 | 5 | 54 |
| F | 4 | 11 | 52 | 6 | 6 | 45 |
| F | 5 | 0 | 71 | 6 | 6 | 51 |
| | | | | 7 | 8 | 53 |
| | | | | 8 | 9 | 58 |
| | | | | 9 | 6 | 62 |
| F | 4 | 10 | 57 | 6 | 0 | 59 |
| F | 6 | 9 | 53 | 10 | 9 | 55 |
| | | | | 14 | 2 | 35 |
| F | 7 | 9 | 83 | 9 | 0 | 76 |
| | | | | 11 | 10 | 81 |
| | | | | 13 | 6 | 77 |
| | | | | 14 | 11 | 59 |
| F | 5 | 6 | 46 | 6 | 9 | 51 |
| F | 4 | 11 | 57 | 7 | 6 | 64 |

All the tests were carried out on the Revised Stanford-Binet Scales.

It has often been postulated that the mongol child appears to be relatively bright in earlier life and then becomes stationary so far as mental development is concerned. The regression in I.Q's in some children is shown in these results. Later regression, from the age of ten years upwards, is also due in part, to the increased verbal content of the test material as I have mentioned elsewhere (1966).³ However, a number of the children can be expected to benefit from special educational treatment throughout school life.

Summary:

Twenty-one children had had some form of education at ordinary schools, special schools or nursery schools and five were recommended for a trial at ordinary schools on attaining school age (27·0 per cent. of the total series). Two children from nursery schools were recommended for transfer to the training centre and three from ordinary schools. The others of school age were recommended for e.s.n. schools or were already there apart from one special case who was to remain in the ordinary school. Of those in e.s.n. schools two were recommended for transfer to the training centre, two to the adult training centre, and one for care and guidance on leaving. Three were to remain at the e.s.n. schools and four children were recommended for transfer from the ordinary school to the special schools. One child was upgraded from the training centre to a special school. One child on later review showed an I.Q. regression of 18 points in 25 months and was transferred from the ordinary school to the training centre.

There was a history of mongolism defect in one brother in the series. Only three of the 85 children came from poor family backgrounds.

Conclusions:

Since Engler's studies, other diagnostic aids have been developed. Newcombe (1968)⁴ gives a lucid outline of the knowledge of the anomalies in the 21st chromosome which may be helpful in diagnosis as chromosome studies become more widely used.

Social quotients were not obtained in the series and increasing use of the psychologists in the assessment of mongols might be of value in view of Dunsdon's findings that the response to the Vineland Scale is a better indication of educability than the intelligence quotient alone. The psychologists may also be able to obtain some assessment of the intelligence by tests other than the Stanford-Binet in children not assessable by this means.

The survey will be continued.

References:

1. Dunsdon, M. I., Carter, C. O., Huntley, R. M. C. *Lancet*, 1960, *i*, 565.
2. Engler, M. *Mongolism*. John Wright & Sons, Ltd., Bristol, 1949.
3. Smith, C. Simpson *Publ. Hlth.* (Lond.) 1966, *80*, 4, 201.
4. Newcombe, J. *Medical News*, 1968, *300*, 7.

IN-SERVICE TRAINING FOR MEDICAL OFFICERS

C. Simpson Smith, Principal Medical Officer

Brief references have been made elsewhere in the Annual Report to the course for medical officers which commenced in October, 1968, but it may be of interest to outline the syllabus in a little more detail.

For several years the departmental medical officers have had a study day each term when many aspects of the service have been discussed and eminent speakers invited. With the changing pattern of the services as a result of the need to give more attention to handicapped children and to implement the recommendations of the Sheldon Report on the Child Health Services it was decided to provide more in-service training for a group of experienced medical officers. At the same time it was agreed that the course should also include lectures on other aspects of public health. The aim of the course has been to give the staff more insight into the importance of the work and to encourage them to take a more active part in the early recognition of emotional problems in childhood.

Ready co-operation was given by the various departments and consultants and other lecturers invited to participate.

The syllabus included the following topics:

Preventive Aspects of the Services in Childhood:

- The Environment and the Child
- Concepts of Prevention
- Immunisation procedures etc.

General Child Development

Genetics and Antenatal Influences

The Child 'At Risk'

Assessments of Early Development and Recognition of Handicaps in the Pre-school child

The School Health Service: past, present and future trends

The Handicapped School Child: mental and physical aspects

Liaison with other Services: Education Welfare Officers, County Careers Officers, Children's Department, County Welfare Services, Mental Welfare Officers etc.

Problems of Public Health Administration

Health Education in the Schools

Epidemiology

Statistics and Computers in Medicine

Major Health Problems in Adult Life

The Principles and Practice of Screening The Elderly

Visits were arranged to special schools and diagnostic units.

The course was divided into three terms and was held on one day per week for a total of 35 weeks.

Ample time was allowed for free discussion and these periods proved to be most valuable.

The medical officers concerned have commented on the value of the course. It gave them a much greater insight into the administrative problems involved—a sphere where they had little knowledge as clinicians. It provided a great stimulus to them in their work and several have commented on the transformation of their ideas.

It is intended to repeat the course in the future but, for the Autumn of 1969, a shorter course is planned to give a number of newer recruits to the service, including doctors on permanent part-time contracts, a general outline on the scope of the work of the department.

GENERAL SOCIAL WORKERS IN THE COUNTY HEALTH DEPARTMENT

M. Farrow, Psychiatric Social Worker-Tutor

In July, 1964, the County Council approved an establishment of 25 full-time general social workers to be used in the County's Health Services.

As it was impossible to fill these posts by trained social workers due to their scarcity, it was decided to start with a small number of unqualified staff. These were to be mature men and women between the ages of 25-35 years, interested in social work and suitable and willing to undertake training for the 'Certificate in Social Work' after an introductory period spent in certain divisions of the County.

As there were no suitable candidates amongst the many applicants, a new modified scheme was devised. This aims at attracting young people from 18 years on, with suitable personal assets and appropriate academic qualifications before they are absorbed into other study courses or professional groups.

From the many well qualified applicants, a final selection panel which includes the Head of the Social Studies Department, Leeds College of Commerce (who helps to assess whether candidates were likely to fulfil the College's requirements for admission) chose six trainees in 1965, four in 1966, six in 1967 and six in 1968.

The selected trainees are then attached to various divisional medical officers and introduced to the administrative structure and the working of the different branches of the health services. This is done partly by observation but mainly by dealing with cases referred to them by the divisional medical officers and divisional nursing officers. For a short period the trainees attend Leeds College of Commerce where they are given some background knowledge of the social services and some grounding in contemporary social policy. Throughout this time they have regular meetings with a senior social worker in the County Health Department.

During this pre-training period the trainees are also encouraged to undertake work projects mainly in the form of enquiries into how the general public feels about the social services provided.

These are some of the topics chosen which brought out some interesting points:

Investigation into how physically handicapped children are coping in ordinary schools.

Inquiry into the reasons why some parents refuse to fill in forms or refuse to give consent to B.C.G. vaccination against tuberculosis.

Inquiry whether the Home Help Service is satisfying the needs of the majority of the recipients.

A study of the effects on the individual and his family of illness, disability and deviance.

One trainee made an extensive and interesting study of all the statutory and voluntary social services provided in the area in which she was placed and followed this up by a door to door enquiry to find out how much the residents in fact know or are aware of these services within their community.

When the probationary period is over and the reports about the trainees are satisfactory, they are seconded for training to the two year Younghusband Course in Leeds.

The first batch of social workers qualified under this scheme has returned in July, 1968, to work in the Health Department.

Broadly speaking their task is to do general social work, i.e. to assist individuals and families, who are in difficulties by helping them to face, understand and resolve their problems and make effective use of services and resources available in the community. Such difficulties can arise from a variety of causes—emotional instability or stress, financial or other worries, chronic illness, handicap, old age etc. Some of these people especially the old find it hard to know and make use of available resources. Families 'at risk' are often known to family doctors and health visitors but are found to be very time consuming. This is where the general social worker may have an increasing part to play. In fact, one of them has already been given interview facilities within a general practice in her area. This is a most promising beginning.

Already the new qualified social workers are beginning to become an integral part of the network of social services. Two of them are helping with child guidance services, one is involved with a play group of immigrant children, two are working with unmarried mothers, one is working with a group of young people together with a youth leader. All are helping with problem families and the aged.

These are hopeful signs that the general social worker has a useful contribution to make to the work of the health services of the County.

MEDICAL TRANSPORT AND THE HOSPITAL

Joint Presentation to the 1968 Conference of the National Association of Ambulance Officers by V. Whitaker, O.B.E., F.I.A.O., (County Ambulance Officer, West Riding County Council) and E. N. Hill, A.M.R. (Assistant House Governor, General Infirmary at Leeds).

PART I

Prior to Conference Mr. Whitaker circulated the following introductory comment.

“The Ambulance Service is an expanding service which has grown continuously since the Appointed Day. What is the measure of this growth? The national average increase in numbers of patients carried over ten years to 31st March, 1967 alone, has been 43·6 per cent. or at the rate of 4·4 per cent. per annum and the prospects are that this average will have been maintained when the 1967/68 returns are known. The rising demand in the same ten year period is also reflected in the increase from 336 to 449 persons carried per 1,000 population of the Service area. Statistical indications, supported by operational experience, point to the onset of a serious situation which is not yet fully realised. It is that Services on average are today not so well equipped as hitherto to deal with present pressures. Driving staff for instance, which in 1957/58 averaged 2·3 per direct Service vehicle, fell to 2·2 in 1966/67. This appears at first sight to be only a slight deterioration but when account is taken of the reduced working week from 44 to 40 hours and the effect of awarded additional days of annual leave varying from three days to one week according to length of service, the level of vehicle staffing has fallen considerably. Also far more patients per vehicle are now carried, thus creating longer journeys for some patients although this results in a reduction in the average figure of miles per patient carried, which has fallen from 6·6 to 6·1 miles.

(See National Statistics Addendum A).

At the time of writing, demand on the Service in the first quarter of this year had already exceeded that in the corresponding quarter of last year. There is a tremendous growth in centralisation of specialties such as Thoracic Units; Burns Centres and Poisons Centres; cessation of casualty reception at many small hospitals under the concentration of accident and emergency casualty units at the now designated district hospitals; development of day hospitals for geriatrics; psychiatric outpatient clinics and also outpatient surgery such as for hernias. These are all having their effect on the Ambulance Services. The last development mentioned is particularly time consuming as these patients not only require individual transport but also need to be placed, by ambulance crews, into bed at home. Hospitals also aim to improve their bed turnover and the more efficient use of hospital beds leads to a greater call on medical transport as more ‘ex-inpatients’ become ‘outpatients’.

It would appear that the continuing increase in the numbers of ambulance users does not arise so much from new patients as from carrying the one patient more often. This is especially true of geriatric patients who are taken to day

hospitals and also of psychiatric patients. It is not always appreciated what the increase of only one new outpatient might mean to the Ambulance Service. For example, 20 extra geriatric outpatients who attend day hospital three times a week for say 40 weeks a year is statistically small, being an increase of 2,400 patients per annum (by Ministry calculation—4,800 because the journey in and the journey out are counted as two patients). If however, these 20 outpatients are converted into units of time and we assume an average vehicle operational minimum of 20 minutes per patient, (10 minutes in, 10 minutes out), we have 20 hours for 40 weeks or 800 hours a year. This allowance of 20 minutes is an arbitrary time period variable between Counties and County Boroughs and is influenced by population density, extent of catchment area, distance to hospital etc. In respect of Counties, it may generally be regarded as an underestimate. The total number of additional patients carried last year by one Service was 56,562 and the conversion of this figure into a time calculation on the basis of 20 minutes travelling per patient results in a total of 18,854 hours which has had to be catered for. From where is this extra time found? From where comes this vehicle and manpower availability? It is met to some extent by increasing the ambulance fleet and staff and by attempting continually to improve methods of operation, though in this connection there is a limit to efficiency beyond which one cannot progress. For the rest, it can only be achieved, if that is the right word to use, by a lowering in the standard of service given to other patients. That these attempts are to a considerable extent invalidated is realised when the further and very real problem is considered that most Services are working one to two years in arrears of demand, as they have never yet had a stabilised period in which to catch up with the demands made upon them nor are they always consulted by hospital authorities at a point in time early enough to permit them to arrange vehicle and staff provision to match the projected developments. The result is that Services become overcrowded; run late on occasions; outpatient waiting time at hospitals for home transport is extended and Services have to resort to overtime working. This multiplication of time and numbers of patients, when examined in depth and related to available vehicles and staff, makes one uneasy as to just what standard of service is being provided. It is the accumulative result of adding the increments of time in respect of each single additional patient needing frequent movement which highlights the need to check every single new application for transport. The evidence also underlines the degree of pressure now being placed on Ambulance Services which for far too long have been over-extended and cannot be expected to continue to cope with larger numbers or to make good lowered standards without adopting some or all of the following expedients.

Firstly, to attempt by negotiation with hospital authorities to reverse or to stabilise the present upward trend or secondly, to improve and increase the volume of co-ordination between themselves with a view to reducing dead mileage and peripheral duplications or thirdly, to put into service additional vehicles and men in a sufficient number to make the necessary impact. As regards the latter suggestion, all Services have this year been compelled to keep their expenditure below an imposed financial ceiling and in order to achieve this,

one can quote many instances of vehicle replacement programmes being deferred and additional vehicle and staff needs being reduced. In fact it can be said that the restricted Budget provision is little more than sufficient to cover last year's pay and price increases without taking into account the needs of any growth in demand for medical transport that may arise in the current year. Furthermore, the prospect of obtaining more vehicles and staff in sufficient numbers is made even more remote when one considers the 3 per cent. limit which Ministry of Housing and Local Government Circular 9/68 has indicated will probably be placed upon any increase in next year's Budget provisions. The same Ministry has requested authorities 'to postpone all those items of expenditure which can be postponed without unacceptable damage to the Service'. It is submitted that the point of 'unacceptable damage', if not already reached, will be reached before the end of the year. If this situation has to be accepted without redress, if there can be no special financial considerations permitted, then the Service will be faced at an early date with serious problems.

What remains for searching examination in the meantime therefore, is the main source of transport authorisations to find out what relief can be obtained from this quarter and how it can be brought about. In fact, has not the time come to put into full effect the recommendations of the *O. & M. Report No. 8 — Out-patients Departments and the Ambulance Service* which, though published in 1964, has not received, particularly from hospitals, the close attention which it should."

When he addressed Conference, Mr. Whitaker first referred in a brief summary to the subject matter set out above and continued his address by posing the question that these considerations raise—Can demand be halted or even be reduced?

Mr. Whitaker continued—

In my view there is a serious lack of awareness on the part of most staffs of hospitals of the operational limits of the Ambulance Service and also in a lot of cases, of the principles of authorisation.

An example of what I mean by lack of awareness happened earlier this year when my ex-Chairman became an outpatient. He was quite fit to use public transport but did, in fact, drive his own car to hospital. At his first treatment session, he was asked by the physiotherapist if he would like her to arrange ambulance transport for him. On replying that it was not necessary, the physiotherapist said "It's no trouble—it's there if you want it".

It was as simple as that and as we all know, it happens every day—you can all quote similar instances—but the point is—how many times a day and at how many hospitals does this happen?

That the physiotherapist was not aware of the implications of her action is obvious, which, in turn, indicates a serious lack of communication both within the hospital and between Hospital and Ambulance Service, on the proper use of medical transport.

It is an attitude of mind which is more widespread than one realises; therefore we need to communicate more—to stimulate an awareness of ambulance problems; we need to break down the sometimes prevailing attitude that the Ambulance Service is akin to a water supply—that one has only to turn on a tap from which flows a supply of vehicles as and when called for in any given quantity. Even a tap has only a given capacity.

Everyone concerned with medical transport should know and understand that the Ambulance Service is in no better position than the Hospital Service. The latter has a given number of available beds, we have a given number of available ambulances, and each Service has to make the best use of its resources.

This calls for the closest possible liaison between the two Services and it cannot be too close. It is only when one has achieved such a close liaison that the recommendations of O. & M. Report No. 8 can be effectively applied.

You have all had a copy of my 1958 Statistical Paper (Addendum D) which is a report of a study to find out the proportion of outpatients attending hospital who used ambulance transport. Like many such studies, it was filed away and it was not until last year that it was decided to dig it out to see if there had been any change in the ratio of ambulance users at the United Leeds Hospitals.

A change there certainly was and to tell you about it and also to give the hospitals' views on liaison with the Ambulance Service, I have at this point to introduce Mr. Eric Hill, Assistant House Governor of the United Leeds Hospitals, with whom I have worked closely for many years. I shall come back to you to complete my observations after he has spoken. Mr. Hill will take as the subject of his paper—'The Rôle of the Hospital'.

At this point, Mr. Hill took the platform and addressed Conference.

MEDICAL TRANSPORT—THE RÔLE OF THE HOSPITAL

*by Mr. E. N. Hill, Assistant House Governor,
The General Infirmary at Leeds*

Some weeks ago Mr. Whitaker approached me about speaking at your Annual Conference on the subject of the hospital's rôle in the provision of Ambulance transport. I must say that I was rather surprised that he should ask me to speak because I felt that I would have little to say that wasn't commonplace and, in fact, that wasn't a reflection of a fairly standard procedure in National Health Service Hospitals. After a few minutes discussion with him, probably because of the positive and stylish way he presents his argument, I quickly understood that this was not the case and, therefore, I am here today as a representative of the United Leeds Hospitals, which is a provincial teaching group of some 1,500 beds and which last year had some 30,000 discharges, 840,000 outpatient attendances, 140,481 new outpatients and which because of this activity places a substantial burden on the Ambulance Service. The United Leeds Hospitals comprise five units of which the largest is the General Infirmary at Leeds. The Group has the highest number of outpatient attendances of any hospital outside London and only one hospital in London has a higher attendance rate.

I want to talk about the arrangements at the General Infirmary at Leeds and my purpose is to attempt to identify the rôle of this hospital in the provision of Ambulance Service transport and in turn outline some of the systems which we have introduced as a hospital authority, often at the request of the Ambulance Services, in order to create an improved level of efficiency and in turn improve the service provided for the hospital case load.

To some extent my approach will be more philosophic rather than pragmatic and certainly nothing that I shall say should be taken as more than a situation which exists between one hospital group and the Ambulance Authorities providing the service it requires.

None the less, it is interesting to consider the rôle of the hospital in the provision of this important service—and the rôle should not be difficult to define—but, unfortunately, it is—because there appear to be no standards on which it can be based and, moreover, the attitude of many hospitals remains that of the customer with the right to order as and when it suits—and the right to criticise and complain as and when its orders are not met with.

In my opinion the rôle of the hospital is not just to place an uncontrolled number of requests each day to the Ambulance Authorities and to expect that Authority to meet them and be accountable for any shortcomings on their part which may arise because of the uncontrolled nature of the demand put on it.

In other words, I am saying that the hospital's rôle extends beyond the boundary of placing the request, beyond the concept of the customer and should include a degree of accountability for the effect of the requests upon the service

provided by the Ambulance Authority. This accountability could have several forms and I understand that the approach to it as employed in my Hospital Group is both unique and interesting.

This approach is geared to the principle of involvement and includes the two key aspects of communication and liaison. Communication has been improved by the recognition of the Ambulance Officer as an Executive Officer co-ordinating a key service which plays none too small a part in the effective administration of the hospital. Adequate communication requires this officer to have the right to be heard, at a level within the hospital empowered to take action, the right to be consulted on matters concerning development and planning and on internal changes within the hospital which affect the service he provides and the position in so far as Ambulance Officer colleagues of mine is concerned is that they and their supporting senior staff enter the hospital as of right and within this situation the problem takes on a different colour.

Cynical reaction to this could imply that this is commonplace and to some extent meaningless and could have no bearing on the effectiveness of the service provided. Of course this could be true but, in my experience, it is otherwise and it has meant that problem issues have been dealt with quickly and resolved without acrimony and, above all, the needs of both Services have been recognised because of the dual involvement of the respective Officers and Services.

The provision of ambulance transport must, in any hospital, be recognised as a key area of activity which, if allowed to get out of hand, ripples through and influences other aspects of hospital care. From the hospital's point of view it goes without saying that discharges from the wards not removed within a reasonable time cause blocking of wards, extra beds to be put up, additional food to be served and extra linen to be used and that cases to outpatient departments brought in too early or too late cause appointment systems to collapse, require patients to re-attend subsequently, often by ambulance, often for treatment that could have been given had they arrived to time. Apart from the prime consideration of patient welfare it irritates hospital professional staffs who might by that time be engaged on other things or have to be kept late. In fact the list is legion and each item can be attributed to a Service provided by a second authority against which the Hospital Service is the greater user. And one must remember that it is to the Ambulance Service that all complaints are ultimately directed.

Therefore, recognising the Ambulance Services as playing an important part in the effective administration of a hospital and equally recognising the service provided by the Ambulance Authorities as being subject to the same economic and financial controls as the Hospital Service is one of the first things to be achieved in the administrative relationship between the two authorities and the encouragement of this is the first important aspect of the hospital's rôle.

At this point it would be reasonable to say a little about the organisation at the United Leeds Hospitals and to mention the administrative arrangements introduced by the hospital in order to meet the provision of Transport Services.

The make-up of the Hospital is such that it provides a comprehensive consultative service covering the whole specialty range. Some specialties are regional centres and involve a catchment of up to 60 miles radius. The more general catchment area is however, more difficult to define but, in general terms, it covers the City of Leeds and the fringe area surrounding it to a depth of approximately ten miles in each direction. The population served is approximately 650,000 but this is increased to some 700,000 when traditional areas of catchment are included. These, by some strange quirk, include areas more than 40 miles from the Hospital, particularly the Settle and Sedbergh areas of the West Riding County Council. The percentage division of the transport requested over the authorities concerned is approximately:

70 per cent. Leeds County Borough
25 per cent. West Riding County Council
and 5 per cent. other County Boroughs in the area.

The administrative arrangements introduced in 1948 provided a Transport Office situated in close proximity to the main Treatment Departments, the Accident and Emergency Department and the Ambulance parking space and this is under the direct administrative supervision of the Medical Records Officer. This office adjoins a transport waiting area which is supervised by a nurse.

The Transport Office proper is divided into two separate sections, one being manned by two hospital clerks and the second by two control officers employed respectively by the Leeds and the West Riding Ambulance Services.

The hospital staff are responsible for placing all transport requests emanating within the hospital to the appropriate Ambulance Authority. This includes the centralised booking of transport for treatment cases and for discharges from the wards. Further to this, they are also responsible for the reception of patients brought in by transport on the day of their appointments and the direction of these patients to the appropriate place of treatment. The staff of the Ambulance Service are responsible for the movements of patients after treatment and the co-ordination of journeys and vehicles from the hospital to their respective areas of domicile. These staff also arrange for the removal of discharge cases from the wards.

All outpatient transport is arranged within the hospital by means of a transport card which is handed to the patient on the first visit and taken by the patient to the treatment centre. There it is signed by the medical officer should he consider transport to be necessary for the patient's return home or for a subsequent attendance. When the patient is ready to return home, the card is handed in to the Hospital Transport Office either by the patient if he or she is ambulant or by a member of the Hospital Portering staff if otherwise. There, on receipt of the signed transport card, arrangements are made to convey the patient home and for the next appointment. The homeward journey is arranged by passing the details of the patient to the appropriate Control Officer. Subsequent appointments are booked in foolscap size diaries, separate diaries being maintained for sitting cases and stretcher and double-handed cases. Originally, cases were requested at half hourly intervals but some years ago, following receipt of

Ministry of Health Circular 30/51 and due to the large number of cases being requested, it was agreed to alter the arrangements for cases carried by the Leeds Service to the effect that the city was divided into postal districts and two collections from each district are now made in the mornings and two in the afternoons.

The Diary Sheets for Leeds patients are removed and sent to the Control Headquarters daily and transport required for patients living outside Leeds is telephoned to the appropriate authority on the afternoon of the day before the appointment.

Transport required for ward discharges is arranged on the authority of the Ward Medical Officer, who sends a Daily Requisition to the Transport Office giving at least 24 hours notice. The individual requisitions are copied on to a single list which is sent to the Leeds Ambulance Authority the day before discharge. In 1954 a total of 140,000 transport journeys were recorded and this was increasing at such a rate that neither the Hospital nor the Ambulance Authority could cope with it and it was obvious that both Authorities needed to put their heads together to decide what 'norms' or standards could be introduced in order to effect both a control and an economy.

And this now brings me to the main point of what I have to say to you, and I believe it is truly reflective of the rôle of the Hospital in this important service. In simple terms, it is that during the past ten years, despite the increase in outpatient attendances from 565,391 in 1957 to 633,104 in 1967, there has been a reduction of some 30 per cent. in the transport journeys requested by the United Leeds Hospitals from the Local Health Authority Ambulance Service of the Leeds County Borough and the West Riding County Council. This reduction expressed in real terms equates with 20,597 patients or 41,194 journeys; and if you use the occupied time figures of 20 minutes per case which Mr. Whitaker mentions in his paper as the travelling time per case, the resultant saving amounts to some 6,865 ambulance running hours comparing 1967 to 1957. This alone must have created a higher ambulance availability rate for both Services and has obviously helped them meet the demand from other users. Evidence in support of this can be seen in the statistical Addendum B.

The implication of these statistics came to light quite by accident in a discussion between myself and the Chief Ambulance Officers concerned and, notwithstanding the numerous check surveys carried out over the years, the total percentage decrease had never come to light. The picture immediately caused those two intrepid questions 'how and why' to be asked. It clearly caused a complete re-check to be made of the statistical data as few of us were prepared to believe it or to believe that some of the controls introduced from 1955 onwards were having the right effect. Historically, the United Leeds Hospitals, notwithstanding its efforts to become involved and to define its rôle, were no better and no worse than other provincial hospitals and against this had to be set the increase in hospital activity which had continued in the upwards direction since the appointed day. Retrospective analysis of the make-up of the outpatients' work did not throw any distinct light on the reasons for these reductions, except it was

known that the Physiotherapy and Rehabilitation Services generally had been large users of the Transport Service, making up in 1957 between 60 per cent. and 70 per cent. of the total requests placed on any one day and that the Consultation Service was increasing rapidly due to the development of additional specialties. It was equally known under the ten years of the review that attendance in Rehabilitation Departments had fallen by 19 per cent. from 138,000 in 1957 to 111,500 in 1967. Whilst this was immediately thought to be the cause, the physiotherapists assured one that, whilst the total attendance to the Department had fallen, the number of patients carried had remained constant and that the changing patterns of physiotherapy treatment involving the treatment of more intensified cases was requiring more rather than less patients to be brought to hospital by the Ambulance Services and a number of 'ad hoc' surveys on user departments tended to support this point of view. It is interesting to note that the number of new patients to physiotherapy has increased from 11,925 in 1957 to 13,231 in 1967 and this supports the argument on more intensified treatment.

It was therefore necessary to look for other less obvious reasons and it is here that I want to stress the second of the two key factors mentioned earlier, namely liaison—because it is the general opinion of each of those concerned in the requisition and provision of ambulance transport for the patients of these Hospitals that the reason for this reduction in the number of requests placed with the Ambulance Authority lies clearly at the root of the decision taken in 1955 to strengthen liaison between the authorities by setting up a joint Liaison Ambulance Service Committee under the Chairmanship of the Ministry's Principal Regional Officer with such terms as would enable it to meet not less than three times a year and to discuss and decide upon all matters of concern to the Hospital and the Ambulance Authority which would in turn improve the service, improve co-operation and strengthen liaison between the Hospital and the Ambulance Authorities.

On reflection one could say that this group of Hospitals became aware of its rôle when, through the Committee, it recognised the Ambulance Authority as an integral part of the service it provided and clearly when it identified with the cost of the service and the fact that the financial provision, be it Exchequer or ratepayers' monies did not come from a bottomless pit. These factors were stressed and re-stressed by the Chairman until each of us concerned became fully aware of their implications.

The make-up of the Committee included the Medical Officers of Health and the Ambulance Officers of the two areas providing 95 per cent. of the transport requested and, in so far as the Hospital is concerned, groups of people were brought together representing the Medical, para-Medical, Nursing and Administrative Sections of the Hospital and also included a number involved in the physical treatment of the patient. These, in one way or another, had the authority to request ambulance transport for their patients and this at the time, they did with frequency and probably without regard to the ultimate load that was being placed upon the Ambulance Authorities or in the way it affected the provision of transport for other sections of the Hospital or in the way it affected the resources of the Ambulance Services.

It would be easy I suppose to say that all I am saying to you now is “Set up a committee and all your troubles will be resolved”, and I know that many of you will recognise this as the administrators’ approach to difficulties—I should hope that you wouldn’t take this view—and instead see in the running of this body the aspect of communications which we know to have been developed. The studies of departmental usage and investigations of particular aspects of service carried out over the years drew the positive attention of those involved. The questioning of individuals on the existence of particular problems during the meetings created a level of accountability and an awareness of the situation and equally an awareness of the effect of isolated action on the total service.

The Committee, under the Chairmanship of the Principal Regional Officer has, during its time, both considered and effectively introduced many of the points which were brought out nationally in the Hospital O. & M. Services Report No. 8 concerning Outpatients and the Ambulance Services and it is fair to say that many of the items specially raised in the document were in operation before the report was published. The decisions and views of the Committee were and are fully circulated throughout the hospital and in my opinion, this has created a total realisation amongst all people requesting transport that effective control on the numbers of cases requested reduces abuse of the service and in turn leads to greater levels of efficiency. During the years it has existed, the Committee has made certain policy decisions of its own and the most interesting of these are as follows:

1. That ambulance transport should be authorised for patients only by a person qualified to do so and this does not include students of any kind.
2. That routine sitting cases attending the treatment departments for courses of treatment should be regularly reviewed by the Medical Officer.
3. Routine cases brought in by stretcher should be frequently reviewed to determine possibility of travelling as a sitting case.
4. The Ambulance Officers and Senior Personnel of their Department should have a regular line of contact within the hospital in order to discuss mutual problems and exchange information.

And there it is—whether or not this situation has effectively reduced the demand placed on the Ambulance Service Authorities for the provision of transport for hospital patients can only be answered by those people directly concerned. In my opinion it has and one certainly does not hear of the examples of abusing the Service which were all too frequent in the beginning.

I recall too well the classic story—on a foggy night a patient, returning home after attending the Hospital for physiotherapy, getting out of the ambulance and holding a torch whilst walking at the front of the vehicle in order that the driver could see his way along the road. And the other—of a patient who was seen to run from the ambulance waiting room with his crutches held aloft because he heard that the vehicle for his district was leaving at that time. And—of the woman

who complained in the bitterest of terms that the drivers would not pick her up at the big store because coming to Leeds was better for shopping than in her own town.

Possibly it is that this sort of case still exists and that I do not hear of it but I would rather—and do—believe that this is because the Hospital has identified with an important Service Division and has done its best to clarify its own rôle in the provision of this service. In clarifying its own rôle as a matter of policy it has clarified the rôle of the people staffing the hospital and in terms of people, communication and liaison can be brought to life.

(Here Mr. Whitaker resumed the rostrum for the second part of his contribution).

MEDICAL TRANSPORT AND THE HOSPITAL

PART II

by V. Whitaker, O.B.E., F.I.A.O.

County Ambulance Officer, West Riding County Council

You have heard Mr. Hill—a reduction of 20,657 ambulance users takes some accepting but it is nevertheless true.

By comparison the document (see Addendum C) which has just been handed out demonstrates an unchanging high ratio of demand at a hospital where the close working relationships described by Mr. Hill do not obtain.

Why the reduction at the Leeds General Infirmary?

In brief, it is because the hospital staff have an *awareness* of Ambulance Service problems—authorisations are properly controlled—and the officers of both Services work together as one team.

Naturally, as a result of this finding, we started to take a very close look at all other hospitals in the Service area where the ratio of transport demand has either remained unchanged or has increased. We soon came to realise how little hospital staffs, in general, know about the Ambulance set-up or of the weight of their demands on our Service. We even found officials who had not read the O. & M. Report No. 8 and others who had read it but had taken no action to implement the recommendations.

In fact, the more we talked with hospital staffs, the more we became conscious of the need to communicate more.

I do not believe for one moment that there is a deliberate abuse of medical transport but it does arise—in fact we know it happens—and it happens simply because of this lack of awareness.

This lack of communication is a simple issue—in fact so simple that it is not always recognised. On the other hand we are finding our attempts to communicate are anything but simple.

It is no use informing a hospital that its transport demand is excessive and asking for it to be halted or reduced—this is a request without an impact. We need to demonstrate how the demand affects the Ambulance Service. We need to explain our limitations. We also need to seek an adjustment of timings for transport in order to make the best use of our fleet. An example of this in my own Authority is our attempt to persuade a hospital to change its day hospital intake day, which clashes with a heavy orthopaedic transport day at a general hospital in the same Group.

We need also to study operational patterns of groups of hospitals to find out where savings in vehicle operational time can be made. An example of this approach is as follows.

We examined ambulance movements connected with two hospitals sited some ten miles apart, midway between which was a large village. A consultant with clinics at both hospitals ordered transport for physiotherapy patients from the one village to both hospitals. This meant that two ambulances from different stations were travelling between the village and the two hospitals. Arrangements have now been agreed for all physiotherapy patients from the village to have their treatment at one hospital only. This change means a saving of an hour's vehicle running time a week.

Now this kind of study—this digging for facts—requires manpower and time which none of us have—we are an under-officered Service, but I submit that to engage additional staff to promote the much needed communication between the two Services and also to make a special study of operational problems would be more economical and achieve much more than putting an extra vehicle and crew into service at an operational cost of some £3,000 per annum. It is a big task but also a necessary one. In my own Service area are some 250 hospitals and clinics. If at 50 per cent. of these it could be possible to secure a reduction of one ambulance patient a day over a four day week, the result would be an overall reduction of 26,000 calls on the Service per annum.

Finally, if we do not tackle these problems now, there will soon be a further and serious deterioration in the standard of service because of the financial restriction which does not permit us to meet the continuing rising demand for medical transport, simply by the provision of additional vehicles.

NATIONAL STATISTICS
TOTALS AND AVERAGES OF ALL AUTHORITIES

| | As at 31st March | | Increase * | Percentage Increase |
|--|------------------|-------------|------------|---------------------|
| | 1958 | 1967 | | |
| Patients (whole service) ... | 15,079,934 | 21,653,562 | 6,573,628 | 43·6 |
| Average per annum of total percentage increase ... | — | — | — | 4·4 |
| Miles (whole service) ... | 99,018,043 | 132,317,840 | 33,299,797 | 33·6 |
| Average per annum of total percentage increase ... | — | — | — | 3·4 |
| Miles per patient ... | 6·6 | 6·1 | Decrease | 7·6 |
| Persons carried per 1,000 population of Service Area ... | 336 | 449 | 113 | 33·6 |
| Direct Service vehicles ... | 4,422 | 5,771 | 1,349 | 30·5 |
| Direct Service Staff ... | 9,993 | 12,622 | 2,629 | 26·3 |
| Direct Service Staff per D/S vehicle ... | 2·3 | 2·2 | — | — |
| Cost per 1,000 population of Service area ... | £293 | £538 | £245 | 83·3 |

* To the first significant figure

THE GENERAL INFIRMARY AT LEEDS
OUTPATIENT ATTENDANCES AND PROPORTION OF
AMBULANCE SERVICE USER

| Year | Hospital Service | Ambulance Service | |
|------|---|--|---|
| | Total Attendances per S.H.3. Returns * | Authorities Serving Hospital | Total Attendances by Ambulance Service |
| 1957 | 565,391 | Leeds 48,983 W. Riding 19,319 Others 2,164 | 70,466 |
| 1965 | 620,937 | Leeds 42,405 W. Riding 15,375 Others** 1,826 | 59,606 |
| 1967 | 633,104 | Leeds 34,482 W. Riding 13,855 Others** 1,532 | 49,869 |

* Includes X-ray units converted to patients.

** Estimated on known relationship to Leeds and W.R. figures i.e. 3·17 per cent.

Ratios

| | | | | |
|------|----------------|--|---|---|
| 1957 | One in every 8 | Outpatients travelled by Ambulance Service | | |
| 1965 | „ „ 10·4 | „ | „ | „ |
| 1967 | „ „ 12·7 | „ | „ | „ |

Decrease 1957-1967 as a percentage to each service

| | | | |
|--------|-------|----------|--------|
| Leeds | 29·6% | W.R.C.C. | 23·1% |
| Others | 19·5% | Overall | 29·22% |

Departmental Breakdown of Hospital Service Statistics per S.H.3.

| | 1957 | 1965 | 1967 |
|------------------------------|---------|---------|---------|
| Individual Physiotherapy ... | 100,176 | 84,624 | 79,259 |
| Group Exercises ... | 37,918 | 28,772 | 32,165 |
| Radiotherapy ... | 8,111 | 4,092 | 3,073 |
| Occupational Therapy ... | 1,971 | 2,352 | 2,676 |
| Consultations ... | 223,527 | 241,679 | 250,457 |
| Accident & Emergency ... | 84,243 | 145,355 | 148,968 |
| Part F. (Treatment) ... | 72,210 | 61,720 | 62,587 |
| Diagnostic Radiology ... | 37,235 | 52,343 | 53,919 |
| | 565,391 | 620,937 | 633,104 |

The S.H.3. is the annual statistical return to the Ministry of Health

GENERAL HOSPITAL OF A LARGE TOWN

| Year Ending 31 Dec. | Total of all Out- Patients attending Hospital as per S.H.3. | Proportion of Col. (a) conveyed to and from Hospital by Ambulance Services | | Amb. Service User is one in a given number below |
|---------------------------|---|---|----------|---|
| | (a) | (b) | | (c) |
| 1957 | 163,632 | Amb. Service | Patients | 6·5 |
| | | County Borough Service | 16,107 | |
| | | West Riding | 8,903 | |
| | | Total | 25,010 | |
| 1966 | 190,910 | County Borough Service | 15,486 | 7·9 |
| | | West Riding | 8,600 | |
| | | Total | 24,086 | |
| 1967 | 221,005 | County Borough Service | 21,059 | 6·7 |
| | | West Riding | 11,908 | |
| | | Total | 32,967 | |

DIGEST OF A PAPER ON 'AMBULANCE DEMAND'

A NEW LOOK AT THE RELATION OF AMBULANCE AND HOSPITAL RECORDS

by

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(First presented at the 1958 Conference)

(This study was made possible through the co-operation of Local Health Authority Ambulance Officers in the Geographical County of Yorkshire)

The Ambulance Service under the National Health Service Act is now reasonably established with several years of experience and statistics to draw upon. Services may be examined and modification, improvements and even complete changes may be considered. There are still, however, no recognised local or national means of measuring ambulance user demand or of assessing whether it is reasonable. Hospitals return the number of actual attendances by outpatients for each year ending 31st December. Ambulance Authorities return the number of patients attending or discharged by ambulance (an outpatient here being counted as two), for each year ending 31st March. It is impossible to compare the two records as each covers a different 12-month period and uses a different method of calculation.

To find a way to relate ambulance and hospital services statistics as a means of measuring and comparing the demand made upon Ambulance Services by particular hospitals, an experiment has been conducted between a regional hospital board and certain hospital and ambulance service officials.

The experiment began at one hospital served by one ambulance authority. The ambulance service recorded specially the number of actual attendances of outpatients using ambulance transport. The records revealed at the year end that of the total outpatient attendances, one in every 8.7 used an ambulance. The experiment was extended to cover other hospitals, until in 1957 a large scale survey was conducted. Fourteen ambulance authorities and 54 selected hospitals served exclusively by these authorities were included. The list covered some of the largest hospitals in the country. A single style of record was adopted and maintained by each ambulance authority. By the use of this record, the information collected could be collated and compared with each hospital's standard record. The value of this experiment lies in this factual evidence being available to support variations in comparable figures.

Among the 54 hospitals surveyed were 30 general hospitals with an average outpatient ambulance attendance of 1 in 9·49 and eight mainly general hospitals with an average of 1 in 6·01. The ratio of patient attendances by ambulance in respect of all hospitals varies between 1 in 2·5 and 1 in 19·5. Why should there be such a difference in ratios between hospitals? Why should general hospitals have a better average than mainly general hospitals? The experiment suggests that outpatient attendances by ambulances should be between 1 in 10 and 1 in 8. Hospitals with a wholly rural and/or country-town catchment area have a suggested ratio of about 1 in 5. Specialist hospitals, due to their large catchment areas brought about by specialisation, may have a low average, as also is the case of hospitals with large geriatric outpatient departments.

The next stage was to use the information collected concerning a great number of hospitals. Experience had shown that discussion at individual and hospital group level was by far the best. It cannot be said what ratio ambulance user at a particular hospital should be. There must be joint discussions, examination of the facts and the making of assessments. It is essential that each hospital be viewed as a separate consideration before comparison with a similar hospital can be attempted. No two hospitals are alike in either treatment facilities, location or catchment area. Increased movement of inpatients between hospitals for specialist outpatient treatment indicates how hospitalisation principles and treatment methods are changing. Is it more economical to increase medical equipment or is it better to transport patients between hospitals? If additional medical equipment and staff cannot be fully employed, it is nationally cheaper to transport the patient—within limits. Another development to be taken into account is the introduction of 'day hospitals'.

At the hospital where the experiment began, ambulance use was 1 in 8·9. This figure improved to 1 in 9·7, chiefly as the result of the hospital staff's interest in the experiment leading to more positive control of authorisations. The mere presentation of comparative figures to a hospital can be very effective. Hospitals low on the list are naturally concerned to seek out the reason. Hospital authorities do not realise how much they call upon the ambulance service and are most surprised with the extent of their demands. One hospital executive preferred to keep his own record of ambulance transport authorisations—his figure turned out to be much less than that of the ambulance service. The difference was explained by unofficial authorisations from the hospital being accepted in good faith by the ambulance service. Again, at one particular hospital, ambulance use had increased although the total outpatient attendances had decreased and in one hospital department, staff had increased from two to five during the experiment. The question was—why, with more hospital staff and fewer patients, had there been more ambulance users? The final answer showed that there was lack of authorisation control, revealing that new staff had not been briefed in the proper use of the service.

Comparative statistics bring information to light and emphasise their importance as a talking point. They provide facts for ambulance and hospital executives to discuss at local level and local liaison is much more fruitful than

Ministry circulars. It is part of a local authority's job at local level to ensure that its ambulance service is being properly used. There are, as yet, no standard measurements of demand and no statistical evidence to provide means of control, however limited.

The experiment indicates the possibilities of producing some kind of yardstick although it would mean changing the pattern of existing records. For the first time in the history of the N.H.S., there has become available a factual record to discuss with hospitals. The record is a practical proposition, particularly for small groups of authorities. On a national scale it would be rather more difficult except in the case of a number of selected hospitals throughout the country—the difficulties would be less on a regional basis. The particular concern of ambulance authorities is not with *all* hospitals, however, but with those having outpatient departments.

The aim of such an investigation or better still, a permanent national record of comparable statistics, would be to provide a better and more efficient service for patients within the limits of the existing service. On the one hand it may be that demand cannot be reduced, in which case the statistical data could at least be used to engender closer working relationships between hospitals and ambulance service. It could be used to expose weaknesses and generally to tidy otherwise dormant considerations. This calls for co-operation with the hospital service in the broadest sense. On the other hand, should, through this or any other means the number of ambulance users be reduced, this should not be taken as an opportunity to reduce the number of vehicles and staff. Every service is overloaded more often than not. There is need for a concerted endeavour—

To reduce the mileage and time of the 'group collection' journeys.

To reduce the time spent by outpatients waiting at hospitals for the return journey to their home.

To provide an individual and personal service to all stretcher patients.

To help the hospital service to maintain its treatment programmes by keeping closer to appointment times.

To eradicate unnecessary journeys and inefficient use of ambulances.

All this has one object in view—to increase vehicle availability, without which all other factors contributing to patient welfare lose considerable value.

THE GREEN PAPER AND THE SCHOOL HEALTH SERVICE

*H. W. S. Francis, Deputy County Medical Officer and
R. W. Elliott, County Medical Officer*

The Green Paper¹ makes no specific mention of the School Health Service. This is a very disappointing omission since other services like environmental health and housing, which are also not part of the National Health Service, are mentioned. While this is a regrettable omission it does not of necessity exclude the continuation of the work of the School Health Service in any re-organisation. However, the continuing place of the School Health Service needs to be emphasised for a number of reasons:

- (a) Too many people of influence are ready to discount the importance of this work, even that in relation to the education of the handicapped pupil.²
- (b) There is too ready an assumption that the general practitioner and the hospital can adequately cover the work without any consideration being given to the separate administrative needs in relation to the health of the school child.
- (c) Certain of the recommendations of the Seebohm Committee³ could seriously damage the School Health Service.

These matters will be considered in the points raised below.

School Health Service in the Area Board:

Services outside the strict responsibility of health administration are allowed for in the arrangements for the Area Board. Paragraphs 46, 47 and 48 of the Green Paper refer specifically to matters which would not be the exclusive responsibility of the Area Board and would have to be that of the local authority.

Paragraph 49 reads as follows:

“It would be for consideration whether the new authorities should become responsible locally for any other medical and related services, besides those mentioned.”

The general background of the Green Paper is the Porritt Committee Report⁴ which examined the place of the School Health Service very carefully indeed.

The Porritt Committee was quite emphatic when it said:

“The School Health Service performs a special and valuable function which must in our view be continued. Its main functions are to ensure that children who need special educational facilities receive them, and generally to provide for the health and well-being of children at school. It also has the duty of seeing that school children are not employed out of school hours in a manner likely to harm their health, and to guide them into suitable employment on leaving school.” (paragraph 344).

In relation to the assumption that is often made that the family doctor can do this work adequately it is important to read also paragraph 347 which reads as follows:

“In some circumstances it is possible for family doctors to take part in the School Health Service if they so desire, but in many instances we do not think it practical, nor necessarily in the interest of the school child.”

If, therefore, the Green Paper and the Porritt Committee Report are taken together it is obvious that the School Health Service needs to continue and the terms of the Green Paper do not of necessity exclude it.

Other Relevant Reports:

The medical staff of the Department of Education and Science submitted a lengthy and interesting report on the future of the School Health Service to the Plowden Committee.⁵ This too envisages the continuance of the School Health Service, working in very close co-operation with family doctors and the departments of pædiatrics of the local hospitals. The specific remarks about hospital work are important:

“The work of these services involves knowledge of child development and psychology, of health and disease in children, of child neurology and child psychiatry. It is therefore regrettable that this work is not more widely recognised as a branch of pædiatrics. If it were, much closer links might be forged between the School Health Service and the hospital pædiatric service.” (paragraph 142).

It is obvious here that services involving a knowledge of child development, psychology and child psychiatry, cannot be wholly regarded as a branch of pædiatrics and the problem of co-ordination of the hospital, therefore, must involve much wider areas of hospital work than those of the department of pædiatrics itself. It must include the work of the ear, nose and throat specialist and of the orthopædic surgeon as well as the specialties mentioned.

In June this year the Chief Medical Officer of the Ministry of Health circulated a memorandum under the title *Comprehensive Assessment Centres for Handicapped Children*.⁶ This envisaged the setting up of hospital assessment centres to facilitate the multi-disciplinary assessment of the single handicapped child or multi-handicapped child and to reassess him frequently in the light of growth development and the effect of treatment, training and education and environment. Comprehensive assessment by a team of experts including local authority staff and the family doctor is intended to provide accurate information about the nature of the defect etc. This report also envisages the continuance of a local authority medical officer undertaking certain clinical duties. (paragraphs 13-15).

On the need for a continuing local authority service this memorandum is most specific:

“13. The hospital assessment centre cannot be considered in isolation but should be regarded as part of a community service for the handicapped child. Wherever assessment begins, in the majority of cases it will end in the community; in a nursery or nursery school, in a special class or in a special school, in a training centre or in open or sheltered employment. A significant amount of responsibility for on-going assessment falls therefore on local authority medical staff, health visitors, social workers, educational psychologists, speech therapists, nursery school and remedial teachers and others. The key to success is the co-ordination of their work in the community for which a thoroughly effective liaison between them and the hospital assessment centre is essential.

14. The cornerstone of a successful community service for the handicapped child is a working medical partnership between the consultant pædiatrician and a local authority medical officer with particular experience of handicapped children. The latter will enhance the work of the assessment centre with the specialist knowledge of local services and conditions, and bring together the contributions of the other officers of the local authority caring for any particular child. Attachment of the selected medical officers of the centre should be on a permanent basis to ensure continuity. Where several local authorities use one district hospital assessment centre agreement might be reached about the appointment of a mutually acceptable medical representative. Attachment of other local authority staff to the assessment centre would have obvious advantages especially where there is joint responsibility for a service.”

Related to this report was the Committee which sat under the Chairmanship of Sir Wilfred Sheldon to consider the future of child welfare centres.⁷ The Sheldon Committee felt that there was a need for the continuation in the foreseeable future of a doctor who would undertake assessment at a child welfare clinic even though, by a process of evolution, it was possible that this might eventually go over to the family doctor.

Two international studies are worth referring to as well. In 1963 a European Seminar was convened by the World Health Organisation on “Child Health and The School.”⁸ It recommended a strengthening of the School Health Service. The most careful and well documented study in this whole field is the report, published in 1962, of the UNESCO meeting held in 1956 on failure in school. This discusses the need for a medical assessment of the failing child.⁹

To summarise these reports, therefore, it seems clear that there are three official reports published recently which consider that the current work of the local authority medical officers must continue, if there is to be a complete service for children. These conclusions are complemented by those of two international studies. However, these reports must be placed in the context of the Green Paper if their relevance is to be fully understood.

The Concept of the Community Physician:

The community physician is thought of in the Green Paper as a specialist in community medicine whose duties would include the epidemiological evaluation of the standards of health in each area. (paragraph 32). He would also be one of the people concerned with the day to day co-ordination of staff. In the memorandum on comprehensive assessment it is considered that there is need for a secretary organiser at the assessment unit to keep the local authority in touch with the work of units for handicapped children.¹⁰ It would seem that the co-ordinating functions needed between the hospital and the local education services could best be fulfilled either by the community physician or his staff if the Green Paper is implemented.

As well as the administrative and epidemiological aspects of the work of the community physician there is also clearly a need for someone to work in the clinical field, not only in relation to the handicapped child but also in relation to all children to give preventive advice and to enable schools to have available a ready source of information on health education etc.

The concept which is stated in the memorandum on comprehensive assessment (see paragraph 14, quoted above) with this kind of training and experience is therefore to be welcomed.

This idea is also given some support by the Royal Commission on Medical Education¹¹ which foresaw a need for a measure of specialist training in the needs of the handicapped child. (paragraphs 145-149).

The Place of the Child Guidance Service:

The Seebohm Committee recommends that the child guidance clinic should be transferred to the new social work department. The advice of the Committee, however, is contradictory within the space of a few paragraphs. On the one hand in paragraph 282 they say . . . "We do not suggest that child psychiatrists should be employed directly by any local authority department as we consider it important for the service they are able to provide for them to maintain close contact with other branches of medicine. It is also vitally important for them to have access to hospital beds." On the other hand in paragraph 287 they say "The second main suggestion was that the National Health Service should become responsible for the whole child guidance service through the regional hospital boards, educational psychologists and social workers again being seconded. This would have the advantage that the service would be firmly placed in the main stream of medicine, and close links with pædiatrics and adult psychiatry would be encouraged. This scheme would, however, also divide the service from similar residential provision and would tend to fix the service too firmly in the hospital and medical framework rather than the social and community context."

The suggestion by the Seebohm Committee that the child guidance clinic should be handed over to the social work department ignores the current operational situation of child guidance clinics.

First, four out of nine children receiving psychiatric treatment and advice from a child psychiatric clinic are seen in the hospital service and not in local authority child guidance clinics.¹²

Second, in any child guidance clinic between 50 per cent. and 75 per cent. of the referrals are from medical sources, either from the family doctor, the school doctor or other consultants dealing with children.¹³

It seems, however, that this operational data has been ignored by the Seebohm Committee in making their recommendations. In the face of the recommendations of the memorandum on Comprehensive Assessment and of the current operational situation in child guidance clinics it seems illogical to have divided services between the hospital and the three local authority departments (Education, Health and Social Work) instead of the hospital and two local authority departments as at present.

Conclusion:

By way of summary it is possible to say:

First, the omission of any mention of the School Health Service does not, within the terms of the Green Paper, preclude its continuance.

Second, there is strong support for its continuance in other official British and international reports.

However, the omission of any mention of the School Health Service is a little disquieting and we hope that the above points restating the need for the School Health Service to continue as a whole and not be fragmented are useful. If the School Health Service does not continue either under the Local Education Authorities or under the Area Boards a gap would be created which could not be filled either by the family doctor or the hospital. This would not be in the interests of school children, particularly handicapped school children and would hamper the work of the local education authorities for some of their most needy pupils.

References:

1. *The Administrative Structure of the Medical and Related Services in England and Wales*, Ministry of Health, H.M.S.O. 1968.
2. See for example: McKeown, T., Lowe, C. R. *An Introduction to Social Medicine*, Blackwell, Oxford, 1966.
3. *Report of the Committee on Local Authority and Allied Personal Social Services*, H.M.S.O. 1968.

4. *A Review of the Medical Services in Great Britain*. Report of the Medical Services Review Committee, Social Assay, London, 1960.
5. *Children and their Primary Schools, Vol. 2, Appendix 2*. Report of the Central Advisory Council for Education (England), H.M.S.O. 1967.
6. Sir George Godber. Letter to Deans of Medical Schools and others, 28th June, 1968. The Memorandum *Comprehensive Assessment Centres for Handicapped Children* was enclosed.
7. *Child Welfare Centres*. Central Health Services Council. Report of the Sub-Committee of the Standing Medical Advisory Committee. H.M.S.O. 1967.
8. *European Seminar on Child Health and the School*, Regional Office for Europe, World Health Organisation, Copenhagen, 1965.
9. Wall, W. D., Schonell, F. J., Olson, Willand C. *Failure in School*, UNESCO Institute for Education, Hamburg, 1962.
10. See 6 above—paragraph 25.
11. *Report of the Royal Commission on Medical Education*, H.M.S.O. 1968.
12. *Report of the Committee on Local Authority and Allied Personal Social Services, Appendix Q*, p. 350, H.M.S.O. 1968.
13. Timms, N. W. "The Child Guidance Service" in McLachlan, G. (edit.) *Problems and Progress in Medical Care*, third series, Oxford University Press, 1968.

**REPORTS TO COMMITTEES
ON MATTERS OF SPECIAL INTEREST**

RENAL DIALYSIS
**REGISTRATION OF CHILD-MINDERS AND PRIVATE
DAY NURSERIES**
HEALTH EDUCATION

SECTION 28, NATIONAL HEALTH SERVICE ACT

CARE AND AFTER-CARE—RENAL DIALYSIS

Report of County Medical Officer presented to and approved at the January, 1968 meeting of the Welfare Sub-Committee

In order to deal with an individual patient, the Committee, at their last meeting, approved in principle an amendment to the County Council's scheme under Section 28 of the National Health Service Act, 1946, to provide assistance to persons suffering from kidney disease to enable adaptations to be carried out to their homes in connection with the installation by hospital authorities of equipment to provide for renal dialysis.

The Minister of Health has indicated that local health authorities may make such arrangements under Section 28 and a circular giving general approval is to be issued shortly; in the meantime, it will be necessary for authorities to submit amended proposals to the Minister for approval. The Committee are, therefore, asked to approve the following:

“The County Council may make arrangements under Section 28 of the National Health Service Act, 1946, for the adaptation of any dwelling, or the provision of any additional facilities which may be necessary for installing equipment for renal dialysis for the use of persons suffering from illness.

The Council may also make such charges (if any) for this service as they consider reasonable, having regard to the means of any such person.”

So far as charges are concerned, the Committee provide without charge equipment under Section 28 for persons being nursed at home, but such equipment is on loan and certain items are recovered and re-issued to other patients. Equipment and adaptations for use in connection with renal dialysis, however, are largely in the nature of fixtures and would not be recoverable, and the Committee may wish to follow the same procedure as is adopted in the case of structural adaptations to dwellings under the National Assistance Act for physically-handicapped persons where, broadly speaking, no charge is made to the person being assisted if he is living in rented accommodation but where a charge is made in certain circumstances if the assisted person is an owner-occupier.

MINISTRY OF HEALTH,
ALEXANDER FLEMING HOUSE,
ELEPHANT AND CASTLE,
LONDON, S.E.1.

4th January, 1968

To: County and County Borough Councils (England)
London Borough Councils
Common Council of the City of London
Greater London Council (for information)

Sir,

National Health Service Act 1946, Section 28
(Prevention of Illness, Care and After-Care)

Adaptations of Homes to install Artificial Kidney Machines

1. I am directed by the Minister of Health to say that local authorities will be aware of the gradually increasing use of artificial kidney machines in patients' homes in the treatment of chronic renal failure. The treatment involves new and difficult techniques and, whether it is undertaken in hospital or in the home, it has to be based on hospitals with full supporting facilities. The rate of development is not restricted by the rate of provision of machines, but by the need to provide additional hospital accommodation and to recruit and train hospital, medical, nursing and technical staff. Though it will be some time before facilities for this treatment can be expanded at a rate which would be sufficient to meet all needs, the service is being developed as rapidly as possible and local authorities may therefore welcome guidance on the measures they can take to assist patients for whom hospitals are able to provide this form of treatment in the home.

2. Hospital authorities will provide and maintain the intermittent hæmodialysis equipment and will provide the relevant medical services. They will also pay for the extra cost of electricity and for the installation and rental of a telephone where this is necessary. They have not, however, powers to make adaptations to the home.

3. A patient being treated in this way will need a room with space for a single bed and the dialysis equipment and a sink with a good supply of water; the walls and ceiling of the room should be made crack-free and washable. Special storage space for one month's supply of sterile dressings and of containers of concentrated fluids will be needed and the premises may also need special electrical wiring, plumbing to a sink and waterproof floor-covering. In some cases, it may be necessary to build an extension. Hospital authorities will be able to advise in more detail on what is needed.

4. Some local health authorities are already carrying out adaptations of this kind under arrangements approved individually by the Minister under Section 28 of the National Health Service Act, 1946. In order to ensure authorities are not delayed in making these arrangements by the necessity for individual application and approval in each area the Minister has now decided to issue a general approval which will make it unnecessary for individual local health authorities to apply in future. Accordingly he hereby approves the making of arrangements by your Council for the adaptation of any dwelling or the provision of any additional facilities which may be necessary for installing equipment for intermittent hæmodialysis for the use of a person suffering from illness. The Minister approves also the making by the Council of such charges (if any) for this service as the Council considers reasonable having regard to the means of any such person.

5. Hospital authorities have been asked to consult local authorities as soon as possible when it seems likely that a patient will be able to continue treatment in his own home so that the adaptations to the house can be started in good time. It usually takes from 4-6 weeks to train a patient to use home dialysis equipment and it is very desirable that patients should be able to transfer to home dialysis as soon as they are ready so that hospitals can plan their intake of new patients. Hospital authorities have been asked to give local authorities the maximum possible notice, and in any case not less than four weeks, of the intention to treat a patient in his own home.

6. A copy of this circular is enclosed for the Treasurer and Chief Welfare Officer. Copies have been sent direct to the Medical Officer of Health, to the Clerk and Medical Officer of Health of authorities exercising delegated health and welfare functions and to hospital authorities.

The Clerk of the Council

The Town Clerk

**NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948,
AS AMENDED BY THE HEALTH SERVICES AND PUBLIC HEALTH
ACT, 1968**

MINISTRY OF HEALTH CIRCULARS 36/68 and 37/68

REGISTRATION OF CHILD-MINDERS AND PRIVATE DAY NURSERIES

*Report of County Medical Officer presented to and approved at the February, 1969,
meeting of the Care of Mothers and Young Children and Nursing Services Sub-
Committee*

The purpose of the amending legislation contained in Section 60 of the Health Services and Public Health Act, 1968, which became operative on the 1st November, 1968, is to strengthen local health authorities' powers under the 1948 Act. As the Committee know, the weaknesses of the 1948 Act have resulted in children in many instances, being cared for under conditions which leave much to be desired. The aim of the new legislation is not only to improve the standards of care but also to encourage the provision of more facilities.

The main requirements of the new legislation are as follows:

“1.—(I) Every local health authority shall keep registers—

- (a) of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or for a part or parts thereof of a duration, or an aggregate duration, of 2 hours or longer, or for any longer period not exceeding six days;
- (b) of persons in their area who for reward receive into their homes children under the age of five to be looked after as aforesaid.”

The new legislation also contains requirements regarding the adequacy of persons and their qualifications to look after children, safety requirements, the keeping of records, and the adequacy of feeding arrangements. The penalties set out in Section 60 of the new Act regarding unregistered child-minding or the making of false statements are much more severe than those contained in the 1948 Act.

The main changes in the legislation, so far as registration is concerned, are that registration is required if children are being looked after for 2 hours per day or longer, and a person looking after even only one child for reward must be registered.

Circulars 36/68 and 37/68:

Circular 36/68 issued in October, 1968, by the then Minister of Health explains the new legislation, and advises on the local health authority staff who should be employed in work under the new legislation, the procedure for dealing with applications for registration, the keeping of records, supervision after registration, and publicity of the requirements of the new legislation.

Circular 37/68 deals with day care facilities generally for children under five, both as regards provision directly by local health authorities for children in special categories, such as in their own day nurseries, or by placement with selected child-minders or private day nurseries. This aspect of the Circular is under consideration by a Working Party in the Department with a view to a report being submitted in due course to the Special Sub-Committee which was appointed some time ago and which comprises members of both the Health and Education Committees.

Circular 37/68 does, however, also contain a memorandum of guidance for local health authorities on standards for the day care of pre-school children in the private sector with reference to accommodation, numbers of children and staff, general care of children, health, feeding, toys and materials, and the training needs of the staff. The Circular has been closely studied in the Department and attached is a memorandum of guidance which it is suggested should be issued to all staff who are required to deal with applications for registration. The memorandum is based on advice given by the Minister in the Circular and its purpose is to help to achieve as high a standard of child care as is possible but, at the same time, staff will be instructed to apply the standards reasonably in particular circumstances so that any case, where there is an appeal against the refusal of the Authority to register a person or premises, can be successfully defended.

The Committee are, therefore, asked to approve the memorandum of guidance on standards and, in the event of their so doing, it is proposed to produce a second shortened document for issue as guidance to applicants seeking registration.

It is also necessary for the Committee to authorise its officers for the purpose of undertaking work under the Act and, for this purpose, it is suggested that all medical staff, supervisory nursing staff and health visitors should be authorised officers under Section 7 of the Nurseries and Child-Minders Regulation Act, 1948.

For the information of the Committee, apart from the existing registered child-minders and private day nurseries which will need to be reviewed in the light of the new standards, there are also numerous play groups, etc. which although known to the Authority's officers, have hitherto been outside the scope of the 1948 Act, and these will now require to be reviewed and registered where appropriate. An additional category, containing many in number, is that of the new applicant who is seeking registration for the first time. It will be appreciated that the work involved in dealing with all three categories is considerable, and it has been suggested to Divisional Medical Officers that priority should be given to dealing first with new applications. So far as the other two categories are concerned, i.e. those already registered and those functioning but unregistered, it is suggested to the Committee that a period of six months be allowed to enable premises to be brought up to a reasonable standard where this is considered necessary.

CHILD-MINDERS AND DAY NURSERIES

GUIDANCE ON STANDARDS AND PROCEDURE FOR REGISTRATION

The work of local health authorities in relation to the registration and supervision of the day care of children has been changed recently in three ways:

First, they have increased powers to deal with illegal child-minding and poor standards of care; and more people, such as those responsible for play groups, may have to be registered.

Second, they must promote the improvement of the care given by those already registered.

Third, they must pay special attention to the needs of the deprived child, who may benefit from good day care.

The present notes deal with the question of registration only.

Powers of the Local Health Authority:

The powers of local health authorities to register those undertaking child care are contained in the Nurseries and Child-Minders Regulation Act, 1948, as amended by Section 60 of the Health Services and Public Health Act, 1968. General advice on the duties of local authorities and the standards to be followed in registration has been given by the Ministry of Health in three Circulars—36/68, 37/68, and 5/65.

People undertaking the day care of children may register themselves as child-minders or their premises as day nurseries. The Ministry of Health suggest three broad categories for day care: child-minding, sessional care and full day care. The standards of care required in each category differ, the general principle being that, the longer children are cared for, the higher the standard required. A child-minder will, of course, apply for registration for herself as a child-minder; people undertaking sessional care may seek registration either for *themselves* as child-minders or their *premises* as day nurseries, depending on whether or not the premises are used wholly or mainly as a dwelling house; those undertaking full day care will register their premises as day nurseries.

Play Groups and Others:

Many terms are used by the general public quite loosely and in a way which bears no relationship to the provisions of the 1948 Act. Caution is needed, therefore, when an applicant for registration refers to the arrangements he has in mind as a nursery, nursery group or play group. It is the duty of the officers of the local health authority to help such applicants, if their standards meet the requirements of the authority, to make an appropriate application. A 'play group' or 'nursery group', depending on the circumstances in each case, may have the premises registered as a nursery or the person responsible may

register as a child-minder. The 'play group' itself may provide child-minding, sessional care or full day care and the appropriate standards must be applied in each case. In exceptional instances, the arrangements may be such that the 'play group' may fall outside the provisions of the Act and not require registration. This emphasises the need for preliminary discussion and help to all potential applicants—if possible before a formal application is made.

The Use of these Notes:

The guidance given below on standards is intended to assist officers of the County Health Department in advising potential applicants and in inspecting the place involved after a formal application has been made and before registration. Broadly speaking, the principles involved in applying the notes of guidance are:

First, no person or premises will usually be registered when the Health Committee is not satisfied that the continued health, safety and proper physical and emotional growth of the child can be assured.

Second, the younger the children cared for or the longer the period of care in any week, the higher must be the standards required.

Third, the guidance on standards given here should be read in the light of the Ministry of Health Circulars 36/68, 37/68 and 5/65.

Guidance on Standards:

(A) GENERAL:

(1) *Planning*

An applicant should be advised to consult with the district council to ensure that the arrangements they have in mind do not involve a 'change of use' of the premises concerned.

(2) *Health and Safety (See Addendum I)*

In all cases where an application for registration is being considered—

- (a) the advice of the Fire Officer shall be sought on fire precautions.
- (b) the Divisional Medical Officer will arrange for applicants to be advised of their responsibilities in relation to the Food Hygiene (General) Regulations, 1960—1966 and the Public Health (Infectious Diseases) Regulations, 1968.
- (c) the Officer inspecting the premises on behalf of the Divisional Medical Officer will pay particular attention to any matters affecting, or likely to affect, the safety of children.

Registration will not normally be considered unless the Fire Officer on point (a) and the Divisional Medical Officer on points (b) and (c) are fully satisfied that the health and safety of children can be assured.

(3) *Suitability of Applicant and Assistants*

(a) Character

All registered child-minders and assistants must be of good character. Previous experience of adoption or fostering children will be taken into account.

(b) Health

All applicants will need to satisfy the authority that they, adult members of their households, and any assistants they propose to employ are in good health. A satisfactory chest X-ray report will be required initially and at three-yearly intervals. A continuing state of good health will be necessary.

(c) Qualifications and Training

Whilst persons undertaking child-minding or the sessional care of children will not be required to hold any formal qualifications, they will need to have had recent experience in the care of young children. All applicants should be willing to accept advice and guidance. They should be prepared to make use of any facilities which may be available from time to time to improve their knowledge and experience of child care.

(B) CHILD-MINDERS:

(1) *General*

These standards shall apply only to persons receiving into their homes up to a maximum of 13 children at any time.

The environment provided for the children shall be made physically and mentally stimulating. A quality of homeliness shall be evident.

(2) *Accommodation*

(a) Premises

Premises shall be suitably situated, satisfactorily constructed, clean and adequately ventilated. There should be adequate natural and artificial lighting, and heating in the child-minding area should be maintained at a minimum temperature of 18°C. (65°F.) when children are present. There should be facilities for outdoor play.

(b) Floor areas

The authority will not normally register an applicant where there is less than 25 sq. ft. of floor space for each child in the areas to be used for child-minding.

The floor area covered by objects not easily movable shall be excluded when calculating total floor area. Suitable floor coverings shall be provided.

(c) Toilets and washing facilities

There should be a W.C. (preferably indoor) and, in addition, pots should be provided. Hand-washing facilities for the children must be available adjacent to the toilet. Each child should have an individual towel or, alternatively paper towels should be provided. There should be hygienic means for disposal of soiled napkins.

(3) *Numbers of children and staff*

(a) A single-handed minder should not care for more than 4 children under 5 years of age. A second person should be on call nearby in case of emergency.

(b) A single-handed minder, plus an assistant (who must be aged 16 years or over), both present at all times, may care for up to 8 children.

(c) Where the number of children exceeds 8, a third member of staff will be required. Where 3 members of staff are on duty together, at least 2 of these must be full-time.

(d) Where part-timers are employed, the aim should be, so far as possible, that children should be able to form a continuous relationship with particular members of staff.

(e) In determining the number of children under para's (a), (b) and (c) which a registered child-minder will be allowed to care for, account will be taken of the number and ages of the person's own children and their possible effect on the applicant's ability to provide good care.

(4) *Diet*

A balanced, adequate and suitable diet shall be provided for all age groups. Specimen menus shall be produced if required.

(5) *Play Materials (See Addendum II)*

Evidence will be required that suitable play materials will be provided. The staff have a duty to assist and participate in play.

(6) *Records*

A daily attendance register must be kept showing the staff on duty and the children present. Such a register should also include:

- (i) the name of each child, address and telephone number.
- (ii) date of birth.

- (iii) mother's place of work, hours of work, check number if any, and telephone number.
- (iv) the name, address and telephone number of family doctor.
- (v) whether the child is fully immunised against diphtheria, whooping cough, tetanus, poliomyelitis, measles and smallpox.

(C) SESSIONAL CARE: SHORT-TERM:

(1) *Definition*

A session is to be regarded as a continuous period not exceeding three-and-a-half hours. Where two sessions are held in any one day, there should be a break of at least one hour between sessions and no child shall attend more than one session on any day.

In all other circumstances Section (D) will apply, unless the premises are providing whole-time care or care for special groups when Section (E) will apply.

(2) *General*

The environment provided for the children shall be made physically and mentally stimulating. A quality of homeliness should be evident.

(3) *Standards for accommodation*

(a) Premises

Premises shall be suitably situated, satisfactorily constructed, clean and adequately ventilated. There should be adequate natural and artificial lighting, and a minimum temperature of 16°C. (60·8°F.) shall be maintained when children are present. There should be facilities for outdoor play.

(b) Floor areas

There shall be a minimum of 25 sq. ft. of floor space for each child. Objects not easily movable should be excluded when calculating floor area. The maximum number of children in any one partitioned space shall not exceed 25. Suitable floor coverings shall be provided.

(c) Toilets and washing facilities

There should be one W.C. (preferably indoor) per 15 children and, in addition, pots should be provided. Hand-washing facilities for the children must be available within reasonable distance of the toilets. Each child should have an individual towel or, alternatively, paper towels should be provided.

(4) *Number of children and staff*

There shall be a minimum of two adults on the premises at any time. Subject to this proviso, the staff ratio shall be 1 adult to 8 children. It is desirable that 1 member of the staff should be a nursery nurse or otherwise suitably qualified and,

where all staff are qualified, the ratio of adults to children can be reduced to 1 to 10 children. Where part-time staff are employed, the aim should be, so far as possible, that children should be able to form a continuous relationship with particular members of staff.

(5) *Furniture and Play Materials (See Addendum II)*

Evidence will be required that suitable furniture and play materials will be provided. The staff have a duty to assist and participate in play.

(6) *Records*

A daily attendance register must be kept showing the staff on duty and the children present. Such a register should also include:

- (i) the name of each child, address and telephone number.
- (ii) date of birth.
- (iii) mother's place of work, hours of work, check number if any, and telephone number.
- (iv) the name, address and telephone number of family doctor.
- (v) whether the child is fully immunised against diphtheria, whooping cough, tetanus, poliomyelitis, measles and smallpox.

(D) **SESSIONAL CARE: LONG-TERM:**

When the arrangements proposed include the care of children other than those defined in para. (E)(2) for the whole day including a mid-day meal, or a single session including a mid-day meal, the standards in all respects shall be higher than those expected under Section (C). The provisions of Circular 5/65 and Appendix I of Circular 5/65 shall be taken as a broad guide to the standards applicable. The appropriate Food Hygiene Regulations must be observed if meals are provided.

If any premises are open for more than six sessions in any one week, consideration shall be given to the appropriateness of applying Section (E) (1) below.

(E) **SPECIAL CATEGORIES:**

(1) *Nurseries providing full-day care*

It is anticipated that the numbers of premises offering full-day care for the greater part of any one week will be relatively few. In view of this, Divisional Medical Officers are asked to consult the Central Office of the Health Department at the stage of informal discussion or of when an application is made, whichever is the earlier. Each application will be the subject of a separate report to the Health Committee and it is desirable for a visit of inspection to be arranged jointly by the Divisional Medical Officer and a member of the Central Office staff. The provisions of Circular 5/65 and both Appendices I and II shall be taken as a general guide insofar as seems appropriate to the premises involved.

(2) *Babies and Young Children*

The care of babies and very young children (defined in these notes as infants under the age of $2\frac{1}{2}$ years) presents special problems. In all cases, a high standard will be required, and the arrangements shall be appropriate for the special needs of very young children, both for child-minders and sessional day care. The standards laid down in Circular 5/65 will be taken as a broad guide.

(3) *Handicapped children, immigrant children and other special groups*

Any provision of day care which is especially or mainly directed at any special group of children shall receive separate consideration. The general standards shall be those for the appropriate group, but consideration shall be given to the possibility that special requirements shall be made to meet the special needs of the children involved. Overnight care will also be dealt with as a special category.

SAFETY NOTES

The main accidents causing death in children are burns and scalds, suffocation, and poison, but sharp instruments can often cause unpleasant wounds and garden ponds are a drowning hazard. Trips and falls are a common cause of minor injury.

Kitchens:

Unless children are excluded from the kitchen, electrical and gas installations should be safe from children. If cookers get hot when in use, children should not be playing around at the time.

Power machinery should be unplugged while the children are being minded.

If water play is permitted at the sink, the *hot water* should not be hot enough to scald. 'Ascot'-type heaters should be set at warm rather than hot. Similarly, when washing hands, the temperature of the hot water tap should not be too high.

Cleaners of all kinds are likely to be at least unpleasant if not dangerous when eaten. The cupboards easily accessible to small children should, therefore, not hold any substance that could be harmful.

Knives, scissors and tools need to be safely away from unauthorised fingers.

Plastic bags are a suffocation hazard to children, especially when large enough to put over their heads.

Stairs and Passages:

These should be well lit, with a gate available top and bottom if small children are minded. A low-level banister is very helpful.

Playrooms:

Electrical and gas installations should not present a hazard to children. Windows of upstairs playrooms should be safe from children falling out.

Toys and equipment should be maintained in good repair and observed frequently for sharp edges.

Garden:

Tools and garden chemicals should be kept away from children. Ponds can be a drowning hazard to small children. Fences and gates should be secure against children getting out. Many garden plants have poisonous flowers and berries. Young children particularly must be closely observed in this respect.

Bathrooms and Toilets:

Toilet cleaners and many cosmetics are poisonous to children. All medicines and pills must be locked away from children. Hot water should not be hot enough to scald.

Prevention of Infection:

Regular hand-washing after use of toilet and before eating is essential to avoid common infections.

A child with diarrhoea or unusual looseness of motions should use a pot kept for him only, and the mother asked to investigate. Diarrhoea can spread very quickly through a group.

The use of paper handkerchiefs, with proper disposal of used tissues, is more hygienic in nurseries than ordinary handkerchiefs. Training in good nasal hygiene is needed.

A large number of infections can be transmitted by pets and, whilst many may be rare, annual instances occur of blindness in children from a disease passed on by cats or dogs. If, therefore, pets are permitted in a day-care situation, the standard of domestic hygiene should be very high, personal hygiene extremely careful, and any ill health of the animals or birds should be immediately investigated.

Addendum II

TOYS AND PLAY MATERIALS FOR YOUNG CHILDREN

Children have the same basic need to learn through play whatever their environment. It is a means of discovering and exploring the world around them. Children combine elements of imagination, adventure, creation, co-ordination and manipulation in their play activities. Toys and play materials stimulate their curiosity and aid their emotional, intellectual and physical development. Growing mastery over materials with which they play also gives children reassurance and satisfaction.

Those who look after children should provide a wide range of play materials suitable for the ages of children represented in the group. The use of inexpensive domestic articles and junk will meet many of their play needs.

The following toys, materials and improvised playthings are suggested:

Younger Children

TOYS AND MATERIALS: Rattles, soft toys small enough for child to hold, teething rings, strings of beads, balls, bricks, push-and-pull toys, posting boxes, pop-up toys, hammer pegs, lift-out picture boards, books.

Improvised Playthings: Plastic containers, spoons, sealed tins containing objects that rattle, nesting tins, bricks of various sizes, end cuts from wood-yards, cardboard and wooden boxes, rag dolls and animals.

Older Children

IMAGINATIVE PLAY: Home corners (Wendy Houses), dolls' houses, cots, prams, puppets, dressing-up sets, scale model cars, garages, farms, trains, boats.

Improvised Playthings: Barrels, car tyres, tea-chests, cartons, boxes on wheels, adult clothes, police, fireman's and armed services helmet and caps, cardboard face masks, puppets made from gloves and dolls' heads, cotton reels, beads, etc., clothes horse and curtains to make a Wendy house, plank laid across two boxes to make a shop.

ADVENTURE PLAY: Climbing frames, slides, see-saws, rockers, swings, tricycles, bicycles, scooters, wheelbarrows, wagons and trolleys.

Improvised Playthings: Barrels, rope. Use of adventure playground in park, trips to woods or seashore.

CREATIVE PLAY: Painting, use of pencils, crayons, chalk, paste, scissors, cooking, gardening, helping with housework, washing dolls' clothes.

Improvised Playthings: Newspapers and wallpaper, display book for painting and cutting out, egg boxes.

CO-ORDINATIVE AND MANIPULATIVE PLAY: Filling and grading toys, interlocking shapes, puzzles, beads for threading, balls, hoops, screw toys, large nesting boxes, bricks of various sizes, number recognition toys, matching games, and *under supervision*, a woodwork bench with large headed nails, hammer, pincers, saw, screw-driver and vice.

Improvised Playthings: Clothes pegs which can be clipped around a smooth tin e.g. a cake tin, cotton reels for threading and grading, jars with screw lids, pebbles and shells for sorting.

Dough, clay, paint, sand and water should be available for all children to use.

Sand and water trays, and play utensils can be improvised from old baths, sink, plastic baths, bowls. Rubber tubing, tins with holes, plastic bottles, jars, corks, jelly moulds, cake tins, plastic containers and spoons.

MUSICAL ACTIVITIES: Singing by those caring for children is a most important introduction to music. Where a piano, radio or record player is available, these have a useful rôle and children can experiment through the use of improvised drums, tambourines, blocks of wood, metal on metal, etc.

HEALTH EDUCATION

Report of the County Medical Officer presented to and approved at the May, 1969 meeting of the West Riding Health Committee

The following is a review of the activities undertaken during 1968 and early 1969.

(i) IN-SERVICE TRAINING:

In-service training courses in health education were begun in 1965 with the object of refreshing the practice of some of the techniques of health education, to introduce new techniques, and to make available new knowledge relating to health education programmes. An outline of the courses previously undertaken were given in my Annual Report for 1967 and given below is a summary of the courses held in 1968: the principal subjects and other details are given in Addendum I.

| | |
|-----------------------------|---|
| <i>Study Days</i> | (1) "The Use of Medical Services". |
| | (2) "Methods of Display". |
| <i>Residential Courses:</i> | (1) "The Principles and Practice of Teaching and the correct use of Visual Aids". |
| <i>Grantley Hall</i> | (2) "Hazards of School Leavers". |

In continuance of our policy of training staff in the use of film projectors and other visual aids, during the year 52 members of the staff received training by the health education technician: the number of trained staff totals 415.

Kerb-side First Aid:

As the volume of motor vehicle traffic on County roads increases so does the likelihood of more road accidents. The Department co-ordinated the running of a short course at Yeadon Town Hall on Kerb-side first aid. The course consisted of three lectures at weekly intervals: two of the lectures were given by members of the County Ambulance staff and the third by a member of the West Yorkshire Constabulary on commonsense first aid and do's and don'ts at the scene of accidents. Dr. Burn, Divisional Medical Officer, was chairman and medical adviser.

Although the course was attended by members of the local Road Safety Committees, St. John Ambulance Association, Guides and Scouts, the response from the general public was not as great as was hoped and the possibility of holding a similar course in the south of the County is being explored.

(ii) FILMS AND FILMSTRIPS PRODUCTION:

The tentative programme of production of filmstrips is as follows: (a) Pram safety, (b) Cot safety, (c) Pills and sweets, (d) Walking, running and climbing, (e) Cooking like mummy, (f) Garden hazards, (g) Children in cars, (h) Three generations—grandparents, parents and children.

During the year progress was made on the production of the filmstrip on Pram Safety and a script on Cot Safety is in hand.

Following the completion of the sound film on the West Riding Dental Service the production of a further sound film "Soldiers with a Toothbrush" is at the planning stage: the film will be specifically aimed at pre- and young school children.

(iii) STILL PHOTOGRAPHY:

Members of the staff are frequently asked to address groups or give lectures both inside and outside the Riding on various aspects of the Department's work. In 1967 a start was made in building up a library of slides to illustrate these talks: this work continued during 1968.

The Department's publication *Health Notes* has become an established part of co-operation with general practitioners. Photographs for the blocks appearing in certain of the supplements were taken by the health education unit.

(iv) POSTERS AND DISPLAYS:

A continuing programme of posters and displays has been arranged. In addition to the purchase of posters from national sources, for each of the subjects listed below a triptych is designed bi-monthly by the health education officer. This display material is used in health centres, clinics and other health department premises which are attended by the lay public. Leaflets and other material are also provided for distribution on similar subjects. The subjects undertaken during 1968 were:

| | |
|-------------------|--|
| January/February | Care of the Feet |
| March/April | Budgetting |
| May/June | Vaccination and Immunisation—new schedules |
| July/August | Care of the Hair |
| September/October | Coughs and Colds |
| November/December | Winter Warmth with Safety |

In addition to the above, displays and literature on the following topics were made available throughout the year:

- (a) Immunisation
- (b) Personal Cleanliness
- (c) Home Accidents

and on the following at the appropriate periods:

- (a) Bonfire Night
- (b) Christmas displays and hazards

(v) EXHIBITIONS:

Requests from various sources are received for exhibitions on specific subjects or for special activities, conferences, galas and show days. To meet these demands, a number of portable displays have been produced, the majority by the health education unit, and given below are details of the up-take during 1968:

| Exhibit | Number of Venues | Number of days on display |
|--|------------------|---------------------------|
| Puppet display on home safety | 17 | 115 |
| Lung cancer and smoking | 15 | 73 |
| Safety with Medicines No. 1 | 21 | 79 |
| Safety with Medicines No. 2 | | 179 |
| (By arrangements with the County Librarian this display was exhibited at a number of County Libraries) | | |
| Home Safety | 4 | 17 |
| Water Safety | | |
| Food Hygiene | | |
| Ears | 73 | 257 |
| Eyes | | |
| Fireworks | | |

Considerable interest has been shown in the puppet home safety exhibition. By invitation this was exhibited at the Harrogate Festival of Arts and Sciences from 8th to 17th August with great success. A considerable number of the public attended and from subsequent local publicity it was apparent that the display was much appreciated. An equally successful showing was at the Royal Society for the Prevention of Accident's National Home Safety Conference held at Southport on 30th and 31st October. The Conference was attended by delegates from most parts of the country many of whom showed a keen interest. Again, very favourable write-ups appeared in the Press and in the RoSPA journals. There is no doubt that this exhibit has had great impact on all age groups but especially on young children.

(vi) WORKING PARTIES ON SPECIAL SUBJECTS:

(a) Mothers' Clubs:

The Report of this Working Party (Addendum II) was endorsed and is being implemented. The Clubs form firm links between the mothers and the health department's personnel. There are numerous opportunities for health education activities to be undertaken and meetings are held to discuss progress in health education, formulation of programmes and up to date teaching aids. Existing clubs continue to be supported and the formation of new clubs encouraged.

(b) Environmental Working Party:

A copy of the Working Party's Report is attached (Addendum III). The joint working party referred to in recommendation 3 has been set up and it is hoped that eventually an agreed comprehensive syllabus for health education in schools will result.

(vii) STATISTICS:

Given below is a summary of the numbers of persons who attended formal health education sessions during 1968: the total figures increased by approximately 9,000 over the previous year. All members of the health department's staff practise health education in some form or another and the figures given do not, of course, include details of the vast number of people who received individual counselling by members of the department's staff.

| Subject | Estimated Audience | | | |
|---------------------------------------|--------------------|---------|--------|--------|
| | Clinics | Schools | *Other | Total |
| Antenatal, Childbirth | 11,288 | 1,506 | 313 | 13,047 |
| Mothercraft and Child Development ... | 6,393 | 5,312 | 463 | 12,168 |
| Personal Hygiene | 700 | 13,313 | 531 | 14,544 |
| Personal Relationships, V.D. | 210 | 4,710 | 1,222 | 6,142 |
| Accident Prevention | 1,553 | 7,696 | 4,420 | 13,669 |
| Vaccination and Immunisation | 1,562 | 1,391 | 33 | 2,986 |
| Nutrition and General Health | 1,089 | 5,061 | 1,868 | 8,018 |
| Cancer Education | 992 | 4,956 | 2,126 | 8,074 |
| Family Planning | — | — | 126 | 126 |
| Local Health Services | 124 | 2,128 | 2,167 | 4,419 |
| Care of the Aged | — | — | 119 | 119 |
| First Aid | — | 1,006 | 102 | 1,108 |
| Totals ... | 23,851 | 47,079 | 13,490 | 84,420 |

*Includes Mothers' Clubs, Women's Institutes, Guides, Scouts, Youth Clubs, St. John Cadets, Darby and Joan Clubs, etc.

Antenatal Relaxation Classes:

As indicated above, high priority continues to be given to expectant mothers; an integral part of their preparation for motherhood is undertaken at relaxation classes conducted usually by midwives and in certain instances by midwives jointly with health visitors. A finer analysis of the above statistics revealed that in 1968 there were 4,403 sessions devoted to mothercraft and relaxation classes: these were attended by 6,027 women (the majority of whom were primipara) who made a total of 28,283 attendances. No distinction is made whether the woman is booked for hospital or domiciliary confinement.

Dental Health Education:

In 1968 campaigns were held in the schools in the Morley, Honley, Holmfirth, Cleckheaton, Elland and Mirfield areas, during which 18,000 children were given instruction and advice in the care of their teeth. Talks were given to playgroups, parent-teacher associations and mothers' clubs.

A dental health exhibition was incorporated in the Health Department's display at the Festival of Arts and Sciences held at Harrogate in August, and as a result, a broadcast was recorded and subsequently included in a radio programme with a large teenage audience.

Biting Remarks, a booklet on dental health was published this year, and following a favourable review in the *British Dental Journal*, other local authority dental services and general dental practitioners in this country and abroad have shown a great interest in it. It has also proved popular with teachers who use it as a follow-up to health campaigns.

A ten-minute sound film illustrating the work of the dental service was completed towards the end of 1967 and has been much used in lectures to dental students, nurses, mothers' clubs, etc.

A collection of clinical colour slides is being built up, illustrating dental caries, irregularities, advanced conservation under general anæsthesia and dental health education. These slides are in regular use for talks to students, nurses, members of the public and at exhibitions.

In 1968, 471 sessions were devoted to Dental Health Education.

Joint Working Parties of Health and Education Departments:

Health education in schools is vital and the aim is to ensure that the children, the future parents, leave school with a sound knowledge of good health practices. A Working Party has been set up recently comprising senior representatives of the health and education departments, head teachers, and principals of teachers training colleges who will enquire into how this can best be achieved.

It has already been agreed with the Principals' Panel of the West Riding Education Colleges that in-service training courses will be organised for their staff on some of the more important health problems of adolescents and young people. While at the time of drafting this report the preliminary planning is not complete, already Dr. Morton of Sheffield (Venereal Disease), Dr. Todd of High Royds Hospital (Drug Addiction) and Dr. Francis (General Health and Social Problems) have agreed to consider taking part in courses arranged between Autumn 1969 and the end of 1970.

Although teachers are likely to be the main source of health education in the schools, the contribution of the school doctor, nurse, and health visitor, can be a valuable adjunct. Dr. Beal, Senior Departmental Medical Officer, Doncaster division, has shown how this can be brought about.

He has taken a keen interest in the teaching techniques of the junior schools in his division and has incorporated health education into the teaching programme, in a way that the children understand and can take an active part. His contact with the schools has become so close, that he is almost regarded as one of the staff.

This experiment has been so successful that he is unable to cope with all the requests from junior schools asking for his help.

With changes likely in the pattern of work of the Departmental Medical Officers, this is a field that can well be expanded further.

Joint Health and Education Departments' Publication "Well-Being":

The relationship between education in general and matters concerning health is obviously a close one; but it is a complex issue too. It involves the health of the school child; the special problems and needs of handicapped pupils; making available medical and related information which is relevant to the teacher in his ordinary work, and of course, health education. A joint bulletin with the Education Department called *Well-being* is therefore being produced. The first issues of *Well-being* have been very well received and the Principals of the Colleges of Education in the West Riding have recently asked for additional copies for their students, as well as their staff. It is hoped that this bulletin will continue to be a vehicle of useful information on medical and the related sciences, and will stimulate more health education in schools and other education establishments.

Conclusion:

Members will appreciate that what is being done is being done within a very limited budget. At the point in time when expansion of this service would have been opportune the financial restrictions on increased expenditure were applied.

Until it is possible to increase the number of staff specifically devoted to this section of the work the increase in this activity will be very small. Already what is achieved is done by enthusiastic and devoted members of staff who in many cases give up their own time to the preparation and giving of talks, or to writing and preparing of other material.

This report deals with activity which can be called specifically health education, and mainly deals with groups of people. It is not possible to measure or to report in this way on the large amount of the time of health visitors, district nurses, and medical officers in giving *individual* advice on matters affecting health in the course of their ordinary work. In many ways this individual health education reaches the more needy members of the community more effectively than general and less personal education of a group.

HEALTH EDUCATION

In-Service Training Courses, 1968

| <i>Date and Venue</i> | <i>Subject</i> | <i>Speakers</i> |
|--|--|---|
| 8-5-68 County Health Department, Wakefield | The Use of Medical Services | Dr. J. A. D. Anderson, Senior Lecturer, Social Medicine Unit, Department of Medicine, Guy's Hospital Medical School. "The Use of Services". Dr. J. J. A. Reid, County Medical Officer, Buckinghamshire County Council. "Edu- cating the Public". |
| 10-7-68 Technical and Art College, Wakefield | Methods of Display | Mr. C. M. Thomas, Lecturer, Wakefield Technical and Art College. "Two-dimen- sional aspects of Display". Mr. H. V. K. Knaggs, Lecturer, Wakefield Technical and Art College. "Three-dimen- sional Displays". |
| 9/12-9-68 Grantley Hall Adult College, near Ripon | Principles and Practice of Teaching and the Correct Use of Visual Aids | Dr. H. C. Strick, Warden, Grantley Hall Adult College. "Teaching Techniques", "Use of Visual Aids", "Use of Films". Mr. T. H. Hawkins, Deputy Warden, Grantley Hall Adult College. "Discussion Group Leading". |
| 18/21-11-68 Grantley Hall Adult College, near Ripon | Hazards of School Leavers | Dr. A. J. Dalzell-Ward, Central Council for Health Education. "Hazards of Growing up in the 20th century", "Recent research into attitudes of smoking", "Young people and contemporary stresses", "Drugs, the modern problem". Mr. D. Lynton Porter, Central Council for Health Education. "Health education in Schools and Youth Clubs", "Education in use of alcohol", "The use of T.V., C.C.T.V., and Video tape, and recording". Miss P. Collyer, Central Council for Health Education. "Some recent audio-visual aids", "The use of projected aids in health education". |

WEST RIDING MOTHERS' CLUBS

Report of Working Party

There are in the West Riding approximately 25 Mothers' Clubs and a number of Tufty Clubs which appear to have lost their primary interest in road safety and are now in effect Mothers' Clubs. It was decided to review the working of these clubs as a whole and a working party comprising Drs. Francis and Ireland, Misses Atkinson, Law, Stevenson and Topley was set up.

Reproduced below is the Report of the Working Party.

There are clubs in thirteen divisions in the County. Two divisions have four clubs; three divisions each have three; three divisions each have two and the remaining five divisions each have one club: a total of 28 clubs. Geographically fifteen clubs are to the north of Wakefield, thirteen to the east. Thus distribution is fairly even throughout the County.

Twenty-seven clubs meet in clinic premises, one in a member's home. It is to be hoped that with wider use of County premises, facilities will not be lessened in this respect.

Only four clubs were in existence before 1960, and the peak year for the opening of new clubs was 1962 when eight were opened.

Health visitors were concerned in twenty-three of the twenty-eight clubs mainly in an advisory and/or an educational capacity. One medical officer of health was mentioned as being actively concerned, and one midwife actively assisted the health visitor at a club. Members of the Working Party thought that the majority of Divisional Medical staffs would be willing to help on occasion at clubs, so that the mention of only one medical officer of health did not necessarily show lack of interest.

All clubs elected officers and all except one elected a committee also.

Meetings were held monthly in eight clubs; fortnightly in fifteen clubs and weekly in the remaining five clubs.

All clubs met in the evening for 2-2½ hours.

Clubs raised money by annual subscriptions in seventeen instances, the amounts ranging from 1s. 0d. to 5s. 0d., and twenty-three clubs paid sessional fees from 4d. to 2s. 0d.

Attendances varied from twelve to sixty, and the large majority of clubs welcomed mothers with children of all ages.

Club programmes included seasonal functions:— Christmas parties, pantomime, children's parties, summer outings.

More regular programmes catered for

- I Items of interest to mothers and housewives:
 - Cookery
 - Dressmaking
 - 'Do it yourself'
 - Flower arrangement
 - Washing machine demonstrations
 - Fashion Parades
- II General Subjects:
 - Marriage Guidance
 - Dr. Barnado's Homes
 - Civil Defence
 - World Affairs
 - Tours of factories
- III Health Education Talks and Films
- IV Eleven clubs are interested in different charities, or club service to handicapped or elderly.

Clubs were asked for ideas on where the Health Education Section could help. Eighteen clubs mentioned need for film titles, programme subjects and speakers. Ten clubs either failed to answer this question, or felt that they required no further help.

The Working Party discussed the rôle of Mothers' clubs compared with that of other women's clubs and concluded that clubs were of value because they were less demanding at a time when family demands were numerous; the link with clinic and health department was strong and formed a bond of interest amongst the club members; and clubs provided for an informal approach to the health visitor which was of value to mother and to health visitor.

Where G.P. attachment was working well, several health visitors could become involved, if willing, in the same club and this can be a good development.

It was felt that programmes must be attractive and recreational but that there were aspects of health education to be found in almost any subject put forward. The Working Party suggests, therefore, that occasional meetings of health visitors and others interested in clubs, should be held so that health education potential of different subjects can be discussed and encouraged. Furthermore, such a meeting would be the best way of ensuring that up to date material, ideas and films available to clubs were known to the health visitors and put forward as needed to their club committees. This would be preferable to circulating a list at intervals to club secretaries.

It was agreed that Mothers' Clubs were worth encouragement; that occasional club meetings for fathers as well as mothers would be helpful, but that regular functions were difficult because of the expense of sitters-in.

Inter-club occasions were helpful where distances involved were not too great and sometimes made possible a reasonable sized audience for a special speaker or programme.

To sum up, the Working Party agreed that the clubs had a social, recreational and educational value, and that facilities for health education could be improved by the action suggested i.e. meetings of health department personnel involved, who already act as advisers and teachers in the clubs.

The members of the Working Party were most grateful to Dr. Janet Gordon for the summary of the questionnaire replies on which the report is based.

Addendum III

ENVIRONMENTAL HYGIENE

Report of Working Party

The Environmental Working Party was set up on 21st March, 1967, with the following terms of reference:

1. To examine the field of environmental hygiene and to report on how the health education of the community in these matters may be further facilitated.
2. To suggest how far the County Health Department may further assist the work of the districts in pursuing health education matters within their own responsibilities, with particular regard to the supply of films, equipment, exhibitions, and the arranging of local courses of in-service training.

The Working Party consisted of Drs. Francis, Smith, Burn, Cusiter and Douglas, Miss Tattersall, Messrs. Greenwood, Durant (Chief Public Health Inspector, Doncaster R.D.), Fieldhouse (Chief Public Health Inspector, Darton U.D.), Wilson (Chief Public Health Inspector, Pontefract M.B.) and Schofield, and has met on three occasions. The following represents its main conclusions:

The main areas of environmental medicine are: clean air, clean water, sewage disposal, good housing, radiation protection, food hygiene, and the wholesomeness of food generally. Immigrant communities present special problems with regard to environmental hygiene in particular customs and language difficulties. In these areas there are shared interests between a number of departments and authorities. For example, schools are interested in training in citizenship and planning departments are interested in certain aspects of the urban environment. The Working Party considered overlapping of responsibilities particularly between the County Council and County District Councils and felt that action might be taken in the following fields.

- (a) Joint training courses on methods of health education.
- (b) The schools, particularly secondary schools, would have a considerable interest in the environment in general as part of urban studies, and courses on civics etc.
- (c) The local production of visual aids. Special regard should be made to customs and language difficulties among immigrants.
- (d) The reviewing of the material available nationally e.g. posters.

In view of the current financial stringency etc. it is not anticipated that much progress can be made in the next two years. However, there is no reason why modest steps forward cannot be taken within the limits of our current budget. It is therefore suggested:

1. That this Working Party should be kept in being to keep such work under review.
2. That a course on methods of health education should be organised by this Working Party early in 1969 to which district councils should be invited to send officers.
3. That a memorandum should be prepared for the Working Party which it is hoped might be set up as between the County Health and Education Departments to consider health education in schools and that this should deal with health education in relation to the environment with a broad conspectus (e.g. related matters such as 'cleansing' might be included).
4. That plans should be made for an exhibition on some aspects of illnesses which are associated with environmental conditions.

PART I

VITAL STATISTICS

EPIDEMIOLOGY

VENEREAL DISEASE

RESEARCH

See also Tables 1 to 38 of Appendix A

VITAL STATISTICS

Area and Population:

| | | Municipal Boroughs and Urban Districts | Rural Districts | Administrative County |
|----------------------|--------|---|--------------------|--------------------------|
| Area (acres) | ... .. | 380,329 | 1,226,153 | 1,606,482 |
| Population: | | | | |
| Census, 1961 | ... | 1,187,034 | 450,884 | 1,637,918 |
| Estimated (mid-1968) | | 1,260,340 | 513,930 | 1,774,270 |

Number of Municipal Boroughs, 13; Urban Districts, 55; Rural Districts, 21; Total 89.

Summary for 1968:

| | | | | | | | | Adminis- trative County | England and Wales |
|---|--------|-----|-----|-----|-----|-----|-----|-------------------------------|-------------------------|
| Live Births | | | | | | | | | |
| Number | ... .. | ... | ... | ... | ... | ... | ... | 31,226 | |
| Rate per 1,000 population | | ... | ... | ... | ... | ... | ... | 17.6 | 16.9 |
| Illegitimate Live Births | | | | | | | | | |
| Number | ... .. | ... | ... | ... | ... | ... | ... | 2,065 | |
| Per cent. of total live births | | ... | ... | ... | ... | ... | ... | 6.6 | |
| Stillbirths | | | | | | | | | |
| Number | ... .. | ... | ... | ... | ... | ... | ... | 454 | |
| Rate per 1,000 total live and still births | | ... | ... | ... | ... | ... | ... | 14.3 | 14.3 |
| Total Live and Still Births... | | ... | ... | ... | ... | ... | ... | 31,680 | |
| Deaths: All causes | ... .. | ... | ... | ... | ... | ... | ... | 20,623 | |
| Rate per 1,000 population | | ... | ... | ... | ... | ... | ... | 11.6 | 11.9 |
| Infant Deaths (deaths under 1 year) | | ... | ... | ... | ... | ... | ... | 577 | |
| Infant Mortality Rates | | | | | | | | | |
| Total infant deaths per 1,000 total live births | | ... | ... | ... | ... | ... | ... | 18.5 | 18.3 |
| Legitimate infant deaths per 1,000 legitimate live births | | ... | ... | ... | ... | ... | ... | 18.0 | |
| Illegitimate infant deaths per 1,000 illegitimate live births | ... .. | ... | ... | ... | ... | ... | ... | 25.2 | |
| Neonatal Mortality Rate (deaths under 4 weeks per 1,000 total live births) | ... .. | ... | ... | ... | ... | ... | ... | 12.1 | 12.4 |
| Early Neonatal Mortality Rate (deaths under 1 week per 1,000 total live births) | ... .. | ... | ... | ... | ... | ... | ... | 10.8 | 10.5 |
| Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) | ... | ... | ... | ... | ... | ... | ... | 25.0 | 24.7 |
| Maternal Mortality (including abortion) | | | | | | | | | |
| Number of deaths | ... .. | ... | ... | ... | ... | ... | ... | 3 | |
| Rate per 1,000 total live and still births | | ... | ... | ... | ... | ... | ... | 0.09 | 0.24 |

Live Births:

Since 1964 the live birth rate has had a downward trend; the crude rate of 17·6 per thousand population is the lowest since 1961.

The birth rate adjusted for variations in the age-sex structure of the population for the aggregates of Boroughs and Urban Districts was 17·9, for Rural Districts 17·2, and the Administrative County 17·8, which compare favourably with a rate of 16·9 for England and Wales.

In 1959 the proportion of illegitimate births was 3·6 per cent.; since then the percentage has progressively increased to 6·6 in 1968 (2,065 occurrences), the highest since 1945. (Details of the cases dealt with under the Authority's scheme for the care of the unmarried mother and her child are given in Appendix A.)

Stillbirths and Infant Mortality:

STILLBIRTHS:

There was a decrease of 34 stillbirths and a rate of 0·9 per 1,000 total births compared with the previous year; the number of births and the rate are the lowest recorded.

The percentage of illegitimate stillbirths continued at a higher level than for live births; the number of stillbirths registered as illegitimate was 45 representing 9·9 per cent. of total stillbirths.

As required by the Population (Statistics) Act, 1960 medical practitioners, or in their absence, midwives, record the cause of each stillbirth they deliver, the estimated duration of the pregnancy, and the weight of the foetus, if determined. The number of stillbirths allocated to cause and the corresponding rates per 1,000 total births are given in Appendix A.

PERINATAL MORTALITY:

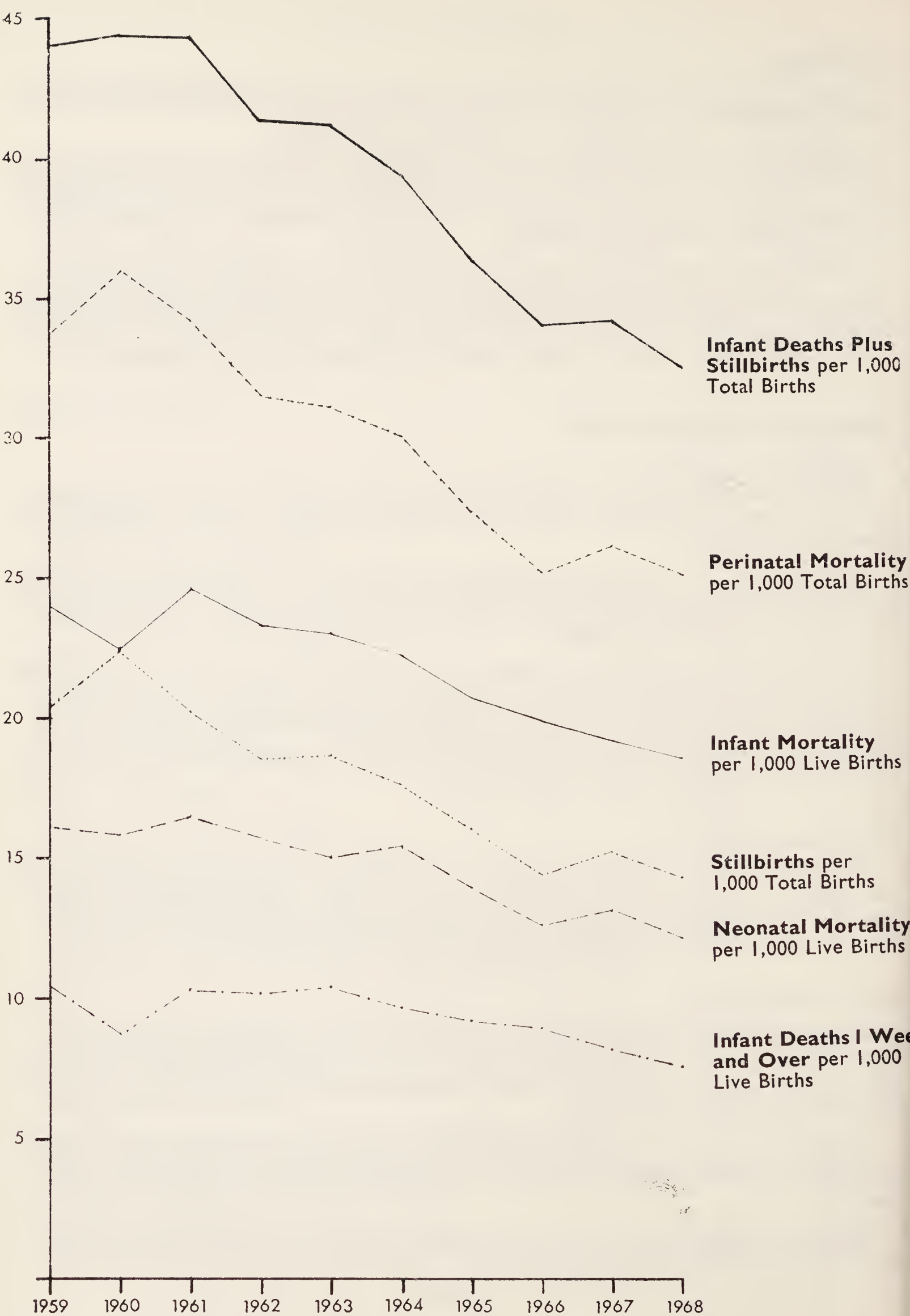
After the setback recorded in 1967 it is pleasing to report that the decline in the rate was resumed and reached a new low level. Prematurity is a major contributor to perinatal mortality and 76·0 per cent. of infants under 1 week and 58·8 per cent. of stillbirths had a birth weight of 5½lb. or less.

INFANT MORTALITY:

Although the rate was fractionally higher than that for England and Wales the reduction in mortality continued and resulted once again in the lowest recorded rate for the County. The major improvements in mortality were in the neonatal period after the first day of life.

That the County rate continues to be higher than national and in certain other countries indicates that the hard-core irreducible minimum has not yet been reached.

Illustrated in the graph are the trends of the rates associated with loss of foetal and infant life during the past 10 years.



Deaths:

Although the crude death rate increased by 0·4 per 1,000 population compared with the previous year the level of mortality remains slightly lower than national. The death rates from all causes, adjusted by the comparability factors were, for the aggregates of Boroughs and Urban Districts 12·9, Rural Districts 11·9, the Administrative County 12·6, which compare with a rate of 11·9 for England and Wales.

PRE-SCHOOL AGE (1-4 years)

This age group has benefited more than any other from the development in community health during the last three decades, but from 1955 the rate of improvement has declined. Virtual control over the once traditional childhood diseases has resulted in accidents, congenital malformations, cancers, and pneumonia now being the most frequent causes of death.

SCHOOL AGE (5-14 years)

The lowest death rates at any age are recorded for this group. In recent years there has been a considerable decline in mortality from infectious diseases, and rheumatic fever and its sequelae. The number of deaths from congenital malformations and cancer remained around the same level as previously but it is significant that almost half the mortality in this age group was due to violent causes, notably motor vehicle accidents, with boys more frequently the victims in the ratio of 2: 1.

ADOLESCENCE AND AFTER (15-24 years)

There have been only minor variations in the causes of mortality during the past decade. Cancer continued to take its toll but, as previously, violent causes predominated and accounted for 60 per cent. of deaths in the age group. Motor vehicle accidents were the prime cause and male deaths significantly more numerous.

YOUNG ADULT (25-34 years)

Mortality in this age group has declined gradually in post-war years. Violence, notably motor vehicle accidents and suicide, was the major cause followed by cancer and diseases of the circulatory system. Male deaths continued to be in excess in the ratio of almost 2: 1.

ADULT (35-44 years)

Although violence remains a major cause of death, some of the more prominent causes of total mortality begin to become manifest at these ages. For males, ischæmic heart disease, lung cancer and suicide were more frequently involved and in females cancer of breast and uterus. The general death rate however continued low.

MIDDLE LIFE (45-64 years)

At these ages the commonest causes of death were ischæmic heart disease, cancer, cerebrovascular disease, bronchitis and violence. Ischæmic heart disease claimed the highest toll, indeed of the total male mortality in this age group over a third was due to this cause. Among males the predominant cancer was in the lung and bronchus, and among females in the breast.

During the past two or three decades mortality from ischæmic heart disease has tended to increase slightly but the frequency of deaths from cerebrovascular disease and bronchitis has remained fairly constant.

OLDER AGES (65 years and over)

The pattern of mortality in middle life was broadly continued at older ages with the degenerative diseases predominating. As age advanced excess male mortality was less apparent and ages 75 years and over female deaths were in the majority.

The level of male mortality appears to be now stable while that of females continues a slow decline.

EPIDEMIOLOGY

Incidence and Notification of Infectious Disease:

The Public Health (Infectious Diseases) Regulations, 1968 came into operation on 1st October, 1968. These consolidate with amendments all previous Regulations relating to the notification and prevention of infectious disease except the Public Health (Prevention of Tuberculosis) Regulations, 1925. The diseases now notifiable are as follows:

| | |
|---------------------------------|-----------------------|
| Acute encephalitis | Ophthalmia neonatorum |
| Acute meningitis | Paratyphoid fever |
| Acute poliomyelitis | Plague |
| Anthrax | Relapsing fever |
| Cholera | Scarlet fever |
| Diphtheria | Smallpox |
| Dysentery (amœbic or bacillary) | Tetanus |
| Food poisoning | Tuberculosis |
| Infective jaundice | Typhoid fever |
| Leprosy | Typhus |
| Leptospirosis | Whooping cough |
| Malaria | Yellow fever |
| Measles | |

The tables in Appendix A summarise the age and sex distribution of cases of diseases notified during 1968 and, where applicable, a comparison is afforded of the notifications during the past six years.

MEASLES:

In the past it has been usual for the disease to assume epidemic proportions during autumn through to spring biennially; this cycle would appear, however, to be changing. From May to September, 1966, there was greatly increased incidence of near epidemic level which was followed by the customary high incidence during the winter months which persisted to the second quarter of 1967. An out of season epidemic also occurred in 1968. Progressively increased prevalence was notified from February onwards reaching a peak in mid-July and thereafter a decline to September. Of the 15,291 notifications for the year, 13,733 related to this epidemic. There was no repetition of an epidemic during the winter.

Measles in this country is usually mild and mortality has decreased dramatically since the beginning of the century to its present level of two per 10,000 cases. Nearly everybody contracts the disease at some time in their lives and usually before the age of 15 years: 65 per cent. of the notifications were of children under the age of 5 years and 33 per cent. in the 5-9 years age group.

A review of the Authority's participation in the trials of measles vaccines conducted by the Medical Research Council is given on page 93. The Medical Research Council's Measles Vaccines Committee submitted their second report on these trials which indicated that the vaccines gave a high protection against the disease and subsequently vaccination was made available to all susceptible children under the age of 16 years.

Measles Vaccination:

By Ministry of Health Circular 9/68 of the 19th March, 1968 local health authorities and authorities exercising delegated health and welfare functions were asked to make arrangements, under the provisions of Section 26 of the National Health Service Act, 1946, for vaccination against measles as from the beginning of May, 1968. The Circular also conveyed the Minister's formal approval to the arrangements, as required by Section 26(2) of the 1946 Act.

Based on the advice given to the Minister by the Joint Committee on Vaccination and Immunisation, vaccination should be offered to all children up to and including the age of 15 who were susceptible because they had neither been immunised nor had measles. Routine immunisation by one injection of live attenuated measles virus vaccine should be given in the second year of life after completion of the basic course of immunisation against diphtheria, tetanus,

whooping cough and poliomyelitis and preferably before routine vaccination against smallpox. All general practitioners should be invited to participate in the arrangements and local authorities should supply them with the measles vaccine needed. In view of the importance which the Minister attached to an early and vigorous start to the introduction of measles vaccination and in recognition of the general pressure on local authorities' finances, vaccine would be supplied free of charge to local authorities for the initial campaign up to the 31st March, 1969 and after that date authorities would be responsible for buying the necessary vaccine through normal trade channels.

At the 31st December the number of persons who had received vaccination against measles was as follows:

| Born in Year | | | | | | | |
|--------------|-----|-----|-----|-----|-----|-----|--------------|
| 1968 | ... | ... | ... | ... | ... | ... | 21 |
| 1967 | ... | ... | ... | ... | ... | ... | 3,391 |
| 1966 | ... | ... | ... | ... | ... | ... | 4,237 |
| 1965 | ... | ... | ... | ... | ... | ... | 3,373 |
| 1961-64 | ... | ... | ... | ... | ... | ... | 13,460 |
| 1952-60 | ... | ... | ... | ... | ... | ... | 1,016 |
| | | | | | | | <hr/> |
| Total | | | | | | | 25,498 <hr/> |

DYSENTERY:

Incidence was higher than in the two preceding years, a total of 691 notifications being made. During October there was a short outbreak in Rothwell U.D. involving 35 adults and 50 children: *Shigella sonnei* was recovered from seven children but from no adult. The true incidence was confused by a concurrent infection, probably Entero-virus. The disease continues to be endemic in certain areas with occasional flare ups but generally it does not reach epidemic proportions.

The principal modes of spread are direct or indirect personal contact; the usual concept is of faecal infection being transmitted by the hands of infected persons. While other measures may contribute in curtailing or combating the spread of infection, the most successful method of prevention is the thorough washing of the hands after every visit to the toilet.

SCARLET FEVER:

For the third successive year incidence decreased, a total of 794 notifications being made representing an attack rate of 0.45 per 1,000 population. Incidence nationally also decreased from 0.40 to 0.30. The seasonal distribution conformed to the usual pattern with incidence high in the first and fourth quarters. The majority of cases were mild and were nursed at home: only one death was recorded.

DIPHTHERIA:

Although no case has been reported since 1964 small localised outbreaks continue to occur elsewhere in the country indicating that there is a residue of infection still to be eliminated. Once diseases are controlled society tends to become apathetic and there is still the need to secure and maintain effective protection of our child population.

POLIOMYELITIS:

In 1966 and 1967 no case was notified: in 1968, however, an isolated case of the paralytic form occurred in a six year old boy. He was a member of a large family, the majority of whom had never been immunised against the disease. He had quite a long clinical history—the initial symptoms and signs lasting some six days before he was admitted to hospital and it was not until the eleventh day after he first became ill that paralytic signs appeared.

At first a considerable number of muscle groups were involved, the left side of the face, cervical and lumbar muscles, together with the left arm and leg with right leg. Fortunately after a fortnight, the trunk, arm, neck and leg muscles recovered and residual paresis was in the quadriceps and the extensor groups of both legs, particularly the left. Some five weeks after the onset of the illness, Poliomyelitis Type 1 was cultured.

As soon as the case was notified the 'ring' technique of vaccination was employed to contain any outbreak. Within 24 hours some 580 children in the Infants and contiguous Junior School were immunised, together with all the teaching and domestic staff. The family and all close contacts (friends, neighbours, etc.) were also vaccinated and kept under surveillance until the incubation period had elapsed. Fortunately, no further cases occurred.

The boy's residual disabilities are not as great as had first seemed likely and he is now back at school.

Isolated cases of poliomyelitis continue to occur infrequently in the community and this report emphasises yet again that immunisation rates must be kept high to avoid any serious outbreak and reduce or eradicate these sporadic cases.

Vaccination against Poliomyelitis:

At the year end, the total number of persons protected against poliomyelitis in the County taking into account both Salk and Oral vaccine was 829,934, representing 78·7 per cent. of the age group eligible.

ACUTE ENCEPHALITIS:

Only four cases were notified, three infectious, and one post-infectious arising from smallpox vaccination.

PARATYPHOID FEVER:

A four year old boy from Bawtry was originally notified as a case of dysentery; a faecal sample however subsequently revealed *Salmonella* paratyphoid B. phage type Battersea. After intensive investigations had eliminated the usual vehicles of infection it was found that the family had recently bought three terrapins (water tortoises) from a shop in Doncaster C.B.; a heavy growth of the organism was cultured from a sample of water taken from the aquarium at their home.

The Medical Officer of Health, Doncaster C.B. also investigated and following local publicity a further 17 terrapins from various sources were submitted for investigation. Of the total of 20 terrapins, five were excreting *Salmonella* paratyphoid B. (Battersea), and six were carriers of other types of salmonella organisms. Wide publicity was given to these results and while no further case of paratyphoid fever arose, terrapins in school aquaria in various parts of the County were found to be excreting salmonella organisms and appropriate action was taken.

TYPHOID FEVER:

As in the previous two years only one case was notified; this was of a nurse who contracted the infection from a carrier at a home for displaced persons.

School parties holidaying in countries in the Mediterranean area and certain parts of Europe continue to be advised to receive protective innoculation against typhoid and paratyphoid fevers. It is also impressed on the parties that immunisation does not replace the need for normal standards and measures of hygiene. The arrangements are now accepted practice and no incidents were reported.

FOOD POISONING:

The number of incidents was the highest recorded since 1961 and given below are the major microbial causes analysed by type of incident.

| Presumed Causal Agent | Family Outbreaks | | Other Outbreaks | | Sporadic Cases | Total Cases |
|-------------------------------|------------------|----------------|-----------------|----------------|----------------|-------------|
| | Number | Cases Involved | Number | Cases Involved | | |
| <i>Salmonella typhimurium</i> | 4 | 9 | 2 | 11 | 13 | 33 |
| Other <i>Salmonellæ</i> | — | — | 3 | 17 | 26 | 43 |
| <i>Cl. welchii</i> | 1 | 2 | 1 | 200 | 1 | 203 |
| <i>Staph. aureus</i> | — | — | — | — | — | — |
| Not discovered | 4 | 8 | — | — | 50 | 58 |
| All agents | 9 | 19 | 6 | 228 | 90 | 337 |

In addition there were 42 cases of salmonella infection not food-borne

The outbreak of *Clostridium welchii* occurred at an independent boarding school where, of a total of 530 pupils and staff at risk, 200 were affected. The illness was mild and was less than 24 hours duration. Ox kidney was found to be the vehicle of infection and, in the absence of faulty kitchen hygiene or cooking practice, it was considered that the meat was infected prior to arrival at the school. The kidney had been supplied by a firm in Bradford C.B. and the Medical Officer of Health of that Authority conducted intensive investigations; the results, however, were inconclusive.

Food poisoning continues to be a problem and a challenge. Imperfect kitchen techniques of cooking, cooling and storage carry unnecessary risks as does carelessness. The disease could be virtually abolished by strict adherence to a rigid code of kitchen hygiene and practice supplemented by clean food handling.

INFECTIVE JAUNDICE:

Under the Public Health (Infective Jaundice) Regulations, 1968, the disease became notifiable in all County Districts as from 15th June, 1968. These Regulations were subsequently repealed by the consolidating Public Health (Infectious Diseases) Regulations, 1968 and notification was continued.

There was no outbreak of any significance reported and it is hoped that general notification will assist in obtaining more precise information concerning incidence and the circumstances in which the various forms of the disease are spread. Such information could well lead to effective measures of control.

WHOOPING COUGH:

There was a substantial decrease in notifications compared with the previous two years and no death was recorded. Seasonal incidence conformed to the usual pattern, higher incidence being notified in the fourth and first quarters. The age/sex distribution also showed no variation from the norm; 8.3 per cent. of the notifications were of children under 1 year, 52.6 per cent. at ages 1-4 years and 34.7 per cent. at ages 5-9 years with a slight female excess obtaining in most age groups. Although a high risk to infants under 1 year persists the disease appears to be under control.

Immunisation against Whooping Cough:

During the year 19,650 children completed a full course of immunisation against whooping cough and since facilities were first introduced in 1952 a total of 294,342 have been immunised under the County scheme. The number of children in the 0-4 years age group was 79,666, representing 72.4 per cent. of the total population in this age group. Of the 583 notifications of whooping cough in the 0-14 years age group 237 concerned children who had been immunised against this disease.

SMALLPOX:

Although alarms have occurred from time to time elsewhere in the country, the County has been free from the disease since 1962. The risk of importation from the many endemic areas remains and parents must be reminded continually that in these days of air travel the disease could be introduced at any time. Every effort is made towards protecting the young child by vaccination in the second year of life and re-vaccination at 5 and 15 years.

OPHTHALMIA NEONATORUM:

Only two cases were recorded: both responded to treatment with no impairment of vision reported.

ANTHRAX:

This is almost exclusively an occupational disease the majority of cases occurring in establishments such as tanneries, glue, gelatine, soap and bone-meal factories, woollen mills and textiles. A small number arise in farming and horticulture. Since 1960, the disease in humans has been notifiable to medical officers of health and a total of eight cases has been notified in the Administrative County: in 1968 no case was reported. The Authority's scheme of vaccination of workers particularly exposed to the risk of contracting the disease continues.

TETANUS:

Notification of the disease was introduced on 1st October, 1968, since when no case has been reported.

Tetanus Immunisation:

The total number of children who completed a primary course of protection against tetanus during 1968 was 22,797 and of this number 18,394 were born in the years 1967 and 1968. A secondary or reinforcing injection was given to 28,360 children of whom 18,152 were over 5 and under 10 years of age.

Dr. T. D. Spencer, Assistant Chief Medical Officer of the National Coal Board Headquarters Medical Service at Doncaster, writes as follows on the subject of tetanus immunisation of coal miners:

“ The total number of cases immunised by us in 1968 was 2,803, a drop compared with the figure of 3,715 the year before.

We are now reaching a stable situation where the large majority of new entrants are immunised by us, and where those whose immunisation is commenced at hospital have it completed at the colliery.

We are now, however, finding it very difficult to convince miners already in the industry that immunisation will be beneficial to them. This is partly because the use of A.T.S. has almost ceased in hospitals and the severe reactions caused by A.T.S. which used to be our actual problem rather than the theoretical possibility of a case of tetanus, no longer occur. A second reason is that hospitals are fond of giving a booster dose to all who have been immunised against tetanus, even though the immunisation was very recent, so that the miner is not saved from the 'needle' as we once suggested he would be. Even so, our present policy should eventually ensure that the vast majority of miners in Yorkshire are immunised against tetanus."

INFLUENZA:

The disease is not statutorily notifiable and the most reliable index of morbidity is the week to week variation of new claims to sickness benefit supplemented by information regarding school and industrial absentees.

In September medical officers of health were alerted to large scale prevalence of the Hong Kong variant of influenza A₂ virus in Australia, Hong Kong, Singapore and America. There was a number of sporadic outbreaks in various parts of the country but there was no evidence of wide spread infection. A few isolated cases were reported in the County; the illness was not severe.

VENEREAL AND SEXUALLY TRANSMISSIBLE DISEASES

In previous years this section has been headed Venereal Disease. The change in title has been made because of the large increase in the number of new cases of sexually transmissible diseases diagnosed at special clinics in recent years. In 1938 the venereal diseases outnumbered the sexually transmissible diseases by about 4 to 1, but since then there has been a gradual increase in the latter group until in 1968 the ratio was 4 to 11.

New cases diagnosed at special clinics are classified for statistical purposes (the figures in brackets are those for 1968) into three main groups: (1) Syphilis (47), (2) Gonorrhœa (506), (3) Other Conditions (2,527). Each of these groups is then subdivided according to sex, stage and type of disease.

'Other conditions' include:

- (a) The three uncommon venereal diseases: chancroid, lymphogranuloma venereum and granuloma inguinale (nil).
- (b) Sexually transmissible diseases (1,530).
- (c) Non-syphilitic tremonematoses (1).
- (d) Undiagnosed cases at 31st December, 1968 (10).
- (e) Cases not requiring treatment (986).

The general trend in the apparent incidence of the venereal diseases in the Administrative County compared with the previous year was virtually unchanged but the sexually transmissible diseases increased in number by 96 from 1,434 to 1,530. This continued year by year increase in the number of sexually transmissible diseases is not entirely a true increase because more and more patients, formerly treated by general practitioners and at gynæcological and other hospital departments, are being referred to special clinics for examination and treatment. In fact, many special clinics hold diagnostic sessions at which known V.D. cases do not attend.

Of 343 cases of gonorrhœa in males 12 per cent. (9 per cent.) were boys under the age of 20. The corresponding figures in females were 163 cases of whom 22 per cent. (32 per cent.) were teenage girls. The bracketed percentages are those of the previous year.

In some respects it is encouraging to note a 20 per cent. increase in the number of persons who attended special clinics but were found not to require any treatment. Many of these individuals had exposed themselves to possible infection and attended for a medical 'check'; others were unmarried expectant mothers or babies for pre-adoption tests or patients with symptoms or signs resembling those of venereal or sexually transmissible diseases.

During the last twenty-one years the West Riding County Health Department has had in operation a contact tracing scheme to bring under medical examination the sexual contacts of patients found to be infected with venereal or sexually transmissible diseases. The percentage of contacts located by the Administrative County V.D. social workers and examined at special clinics has varied from 70 to over 80. In 1968 of the contacts reported, 77 per cent. were persuaded to attend for examination. The contact tracing scheme has depended mainly on information being sent in confidence by venereologists to local authority medical officers of health. In the past many venereologists have been reluctant, for legal and ethical reasons, to provide the necessary information. However, towards the end of 1968 the Ministry of Health published a memorandum on contact tracing describing methods very similar to those which have been in use in the West Riding since 1948 (the County Medical Officer was a member of the Advisory Committee). Also the legal requirement of confidence was amended to allow information about contacts to be exchanged between venereologists and medical officers of health. As a result it is hoped that the number of contacts reported will increase considerably in future and so help to reduce the incidence of infections.

The number of antenatal patients found to have positive serological tests for syphilis has continued to decrease. In 1968 there were 11 West Riding patients in this category; 7 of whom were found to have syphilis and treated at special clinics.

RESEARCH PROJECTS

Survey of Childhood Cancers:

Previous Reports have reviewed the Authority's participation in national surveys of childhood cancers conducted by Dr. Alice Stewart of the Department of Social Medicine at Oxford University. The surveys have been particularly valuable in that new facts have been discovered while others have acquired a new significance. The current survey includes the investigation of childhood deaths from cancers in the period 1961-67 and, at the year end, of the 245 cases relating to the Administrative County, enquiries into 197 cases and their controls had been completed.

Although the work undertaken by the medical staff is most time consuming, on average at least one day being necessary to successfully investigate each case and its paired control, the preliminary findings indicate that the effort involved is well justified and various leads have suggested fields for further research.

Measles Vaccines Trial:

In 1964 the Authority agreed to participate in a large scale trial held under the auspices of the Medical Research Council's Measles Vaccines Committee, to investigate the degree and duration of protection afforded by measles vaccines of British manufacture. During October/November, 1964 and September/October, 1965 some 3,510 children aged 10 months to 2 years resident in the Administrative County whose parents had voluntarily agreed to them taking part in the trial received a dose of killed vaccine followed four weeks later by a dose of live vaccine, the vaccinations being undertaken by the Authority's medical officers. These children were subsequently followed up to record the frequency of reactions after vaccination and the degree of protection afforded.

The Committee's second report was published in April, 1968, which confirmed its previous conclusions that the vaccines gave a high degree of protection and when measles occurred in vaccinated children it was on average milder than the disease in those unvaccinated.

The Ministry of Health endorsed the Committee's conclusion that immunisation with a single dose of live vaccine, if practised on a wide scale throughout the country, should bring about a striking diminution in the incidence of the disease. Subsequently vaccines were made available nationally for the immunisation of all susceptible children up to and including the age of 15 years.

Although the results of the trial so far obtained show that substantial protection was well maintained over a period of almost three years, it is intended to continue the trial to obtain information on the duration of immunity for longer periods. This will indicate whether reinforcing doses should be given and, if so, the most suitable time for their administration.

PART II

CO-OPERATION IN THE HEALTH SERVICE

DIVISIONAL ADMINISTRATION

See also Table 39 of Appendix A

CO-OPERATION IN THE HEALTH SERVICE

Introduction:

Following the practice in previous years, this section of the report summarises the various aspects of co-operation as it affects the West Riding.

Co-operation with General Practitioners:

STANDING SUB-COMMITTEE ON CO-OPERATION:

This Committee met on three occasions and given below are the principal agenda items:

January

The Rehabilitation and After-Care of Heroin Addicts—Circulars 21/67 and H.M. (67)83.

New Schedule of Vaccination and Immunisation.

Hospital Reports on School Children.

Health Centres—Objections from Practitioners.

New Bulletin for teachers on matters of School Health (“Well-being”).

Extent of G.P. participation in Preventive Medicine and future use of medical officers of local authorities—arising from Sheldon Report on Child Welfare Centres.

April

Measles Vaccination—Circular 9/68.

Renal Dialysis—Circular 2/68.

“Well-being”.

Abortion Act, 1967.

Ambulance Report Card.

Computer Scheme:

(a) Letter to family doctors in Group 1 re new schedules.

(b) New questionnaire to replace original form for doctors newly joining the scheme.

July

Intubation Training for Midwives.

Abortion Act, 1967.

Certification for School Children.

Delays in Admission to Part III Accommodation.

Measles Vaccination.

PREMISES FOR JOINT USE:

The number of general practitioners providing general medical services wholly or partly within the administrative area at 30th April, 1968, was 1,419 compared with 1,415 in 1967, 1,428 in 1966 and 1,490 in 1962. The percentage of general practitioners in group practices, however, continues to increase slightly.

New building works completed during the year were:

| Large (special) Health Centres: | | | | | | Date of completion |
|---------------------------------|-----|-----|-----|-----|-----|--------------------|
| Ilkley... | ... | ... | ... | ... | ... | 1st November |
| Holmfirth | ... | ... | ... | ... | ... | 19th November |
| 'E' Type Health Centres: | | | | | | |
| Pateley Bridge | ... | ... | ... | ... | ... | 4th January |
| Knottingley | ... | ... | ... | ... | ... | 3rd May |
| Boroughbridge | ... | ... | ... | ... | ... | 24th June |
| Mini Clinics: | | | | | | |
| Sharlston | ... | ... | ... | ... | ... | 26th September |
| Marsden | ... | ... | ... | ... | ... | 16th December |

The above list comprises four buildings with main surgery accommodation for practices comprising 21 general practitioners. At the time of writing, there is no general practitioner content in three of the premises.

GENERAL PRACTITIONERS IN MATERNITY AND CHILD WELFARE WORK:

Participation by general practitioners in traditional public health activities is indicated below:

Employment of General Practitioners by the County Council in Infant Welfare Clinics

| | | | | Total Doctors' Sessions | General Practitioners' Sessions | Percentage of total sessions done by General Practitioners |
|------|-----|-----|-----|-------------------------------|---------------------------------------|---|
| 1963 | ... | ... | ... | 12,118 | 5,212 | 43 |
| 1964 | ... | ... | ... | 12,492 | 5,496 | 44 |
| 1965 | ... | ... | ... | 11,761 | 5,844 | 49 |
| 1966 | ... | ... | ... | 11,678 | 6,711 | 57 |
| 1967 | ... | ... | ... | 11,307 | 6,679 | 59 |
| 1968 | ... | ... | ... | 10,762 | 6,285 | 58 |

Employment of General Practitioners by the County Council in Antenatal/Postnatal clinics

| | | Total Sessions | General Practitioners' Sessions | 'Midwives only' Sessions | Percentage of total sessions done by General Practitioners |
|---------|-----|-------------------|---------------------------------------|--------------------------------|---|
| 1963... | ... | 3,557 | 1,390 | 323 | 39 |
| 1964... | ... | 3,253 | 1,267 | 242 | 39 |
| 1965... | ... | 3,009 | 1,122 | 258 | 37 |
| 1966... | ... | 2,693 | 1,123 | 295 | 42 |
| 1967... | ... | 2,216 | 920 | 296 | 42 |
| 1968... | ... | 2,026 | 893 | 239 | 44 |

Rent-free Infant Welfare Sessions conducted in County Clinics by General Practitioners for their own patients with the Health Visitor in attendance

| | | | | Sessions | No. of General Practitioners involved |
|------|-----|-----|-----|----------|---------------------------------------|
| 1963 | ... | ... | ... | Nil | — |
| 1964 | ... | ... | ... | Nil | — |
| 1965 | ... | ... | ... | 46 | 5 |
| 1966 | ... | ... | ... | 58 | 6 |
| 1967 | ... | ... | ... | 50 | 2 |
| 1968 | ... | ... | ... | 147 | 11 |

Rent-free Antenatal Sessions conducted by General Practitioners for their own patients in County Clinics

| | | | | Sessions | No. of practices involved |
|------|-----|-----|-----|----------|---------------------------|
| 1963 | ... | ... | ... | 588 | 15 |
| 1964 | ... | ... | ... | 902 | 25 |
| 1965 | ... | ... | ... | 1,456 | 36 |
| 1966 | ... | ... | ... | 1,643 | 43 |
| 1967 | ... | ... | ... | 1,927 | 51 |
| 1968 | ... | ... | ... | 2,159 | 53 |

Midwives attending Antenatal Patients in General Practitioners' surgeries (outside clinics)

| | | | | Sessions attended | Midwives involved |
|------|-----|-----|-----|-------------------|-------------------|
| 1963 | ... | ... | ... | 1,621 | 62 |
| 1964 | ... | ... | ... | 1,945 | 67 |
| 1965 | ... | ... | ... | 1,905 | 85 |
| 1966 | ... | ... | ... | 3,600 | 105 |
| 1967 | ... | ... | ... | 3,458 | 91 |
| 1968 | ... | ... | ... | 4,380 | 104 |

STAFF ATTACHMENTS:

The marked increase in the number of home nurses attached to general practitioners and the continuing trend for health visitors and midwives is shown in the following table:

Attachments of Field Staff to General Practitioners

| | No. of Health Visitors attached | No. of Home Nurses attached | No. of Midwives attached |
|----------------------------|---------------------------------|-----------------------------|--------------------------|
| At 31st December, 1964 ... | 68 | 33 | 27 |
| At 31st December, 1965 ... | 128 | 47 | 43 |
| At 31st December, 1966 ... | 140 | 70 | 45 |
| At 31st December, 1967 ... | 153.5 | 115 | 49 |
| At 31st December, 1968 ... | 209 | 196 | 49 |

THE COMPUTER :

Following the success of the pilot scheme for vaccination and immunisation in Keighley and Wortley, the computer scheme was extended to the rest of the county during 1968. The divisions began to record live births in three groups:

| Commencing date for recording births | Divisional area |
|--|---|
| Group 1— 1st January, 1968 | Shipley, Horsforth, Rothwell/Wetherby, Morley, Spenborough, Calder Valley, Barnsley. |
| Group 2— 1st April, 1968 | Skipton, Harrogate, Goole, Castleford, Pontefract, Colne Valley, Hemsworth. |
| Group 3— 1st July, 1968 | Wath upon Dearne, Doncaster, Thorne, Rotherham. |

Later in the year the new schedules for vaccination and immunisation were brought into use. In order to preserve as much flexibility as possible the general practitioners were given the choice of starting dates for immunisation of children. The intervals between each procedure were left the same as in the new schedules and no variation was allowed for in the second year of life.

| Vaccination Procedure | Age of Child (in months) | | | |
|-------------------------------|-----------------------------|----|----|-----------|
| Diph/Tet/Pert. and oral polio | | | | |
| First Dose | 3 | 4 | 5 | 6 |
| Second dose | 5 | 6 | 7 | 8 |
| Third dose | 11 | 12 | 13 | 14 |
| Measles vaccination | 16 months | | | |
| Smallpox vaccination | 18 months | | | |

N.B. *The County scheme is shown in bold type.*

As anticipated this choice proved widely acceptable and with the well recognised advantages of the computer system considerable success was achieved. By the end of 1968 some 657 general practitioners had joined the scheme out of 1,450 general practitioners working in the West Riding Executive Council's area.

There are two ways to give the proportion of general practitioners in the scheme; first, as above, by absolute numbers; and, by the proportion of patients. If one looks at the total patients that these doctors have on their lists, altogether they serve 1,163,733 West Riding patients, and there are approximately 69,000 West Riding patients who are served by the partners of these doctors but who

are not themselves in practice within the West Riding but in neighbouring authorities. In addition there are 66,313 West Riding patients on the lists of doctors, who are not the responsibility of the West Riding Executive Council, but who are participating in the scheme.

To put this matter broadly, the doctors participating in the vaccination and immunisation scheme look after approximately five out of seven people who are living in the West Riding. It will be interesting to see in due course whether the responsibility for children is also in the same proportion.

A further account of this will be given in the annual report for 1969 when a fuller analysis will be possible.

BULLETIN FOR GENERAL PRACTITIONERS:

Health Notes and the complementary *Divisional Medical Officer's Newsletter* continued to be issued quarterly.

Co-operation with Hospitals:

MATERNITY LIAISON COMMITTEES:

Meetings were held in Bradford, Doncaster, Harrogate, Rotherham, Sheffield, Wakefield and York. Matters discussed included:

Prevention of rhesus hæmolytic disease; general practitioner maternity units—booking arrangements; intubation of babies by midwives; gastro-enteritis in babies; obstetric training; early discharge of maternity patients; integration of midwifery services.

HEALTH VISITOR ATTACHMENT TO HOSPITALS:

The overall position of this service continued unchanged. Fifty-two members of staff in sixteen divisions visited in relation to nursing mothers, premature babies, diabetic, elderly and tuberculous patients, and, to a smaller extent, school children with varying illnesses or handicaps.

Two divisions provide written or telephone information through the health offices as needed, and one division is served by the liaison visitors of an adjacent division. Hospital staffs and medico-social workers appear to value these contacts with local authority staffs.

DIVISIONAL ADMINISTRATION

The divisional scheme of administration in the County was set up in 1947 and at that time consisted of thirty-one divisional areas. At the beginning of 1968 there were twenty divisions and no changes have taken place during the year.

The following changes have taken place in the senior divisional staff.

Divisional Medical Officers

| | |
|-----------------------------|--|
| Division No. 31 (Rotherham) | Dr. J. M. Watt retired 31st October, 1968. Dr. J. T. Clow commenced 1st November, 1968. |
|-----------------------------|--|

Deputy Divisional Medical Officers and Senior Departmental Medical Officers

| | |
|---------------------------------|---|
| Division No. 1 (Skipton) | Dr. R. R. Stoakley resigned 6th September. |
| Division No. 4 (Shipley) | Dr. R. A. McGregor resigned 30th September. |
| Division No. 5 (Horsforth) | Dr. K. A. S. Brosnan resigned 11th June. |
| Division No. 15 (Spenborough) | Dr. L. Arblaster promoted 1st October. |
| Division No. 18 (Calder Valley) | Dr. S. F. Schofield commenced 1st July. |

A list of senior staff and other details concerning each division is given in Appendix A.

The co-ordination of the work of the divisions is undertaken through the work of the Divisional Medical Officers' Conferences which meet every month other than August. All major policy and its implementation is discussed at these meetings to ensure that all senior staff may make an appropriate contribution to the consideration of policy and in addition all those problems which arise in divisions are also discussed for clarification and further action.

PART III

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Ambulance

Prevention of Illness, Care and After-Care

Health Education

Social Workers

Recuperative Home Treatment

Renal Dialysis

Mental Health

See also Tables 40 to 61 of Appendix A

CARE OF MOTHERS AND YOUNG CHILDREN

Dental Treatment of Expectant and Nursing Mothers and Pre-School Children:

The Chief Dental Officer reports:

The number of expectant and nursing mothers seeking treatment at County clinics shows a further decline this year, when 482 were inspected compared with 536 in 1967. Treatment for this class of patients is now also available without charge under the National Health Service, and many who have been receiving treatment from a general dental practitioner of their choice, prior to becoming eligible for treatment in the County Service, reasonably choose to continue as patients of that practitioner.

The apathy of parents in bringing their pre-school children for regular dental inspection continues. Of those who do attend, the majority are seeking relief of pain, and on average each child requires the extraction of two teeth.

An approach has been made to the parents in certain areas of the County to bring their pre-school children for inspection, with little success, and though it is proposed to intensify this approach in the coming year, a slow uphill battle must be expected.

Particularly in this class of patient which is difficult of access for dental health education, fluoridation of the drinking water would so reduce attack by decay, that at the age of five, when these children enter school, their dental state would be a very different one from that which now exists, where each five-year-old child presents on average with four-and-a-half teeth affected by decay.

Phenylketonuria:

During 1968, 30,022 babies were tested either in clinics or at home during the fourth week of life, or as soon as possible afterwards, using the 'Phenistix' test.

The test gave a positive result in two cases and both were confirmed after hospital investigation. Details of these cases are as follows:

Boy, A. M., born 16.1.68.

Positive 'Phenistix' test by health visitor at 4½ weeks.

Admitted to hospital 18.3.68 and dieting began 20.3.68.

Follow-up report (March, 1969).

Strictly-controlled diet; attends hospital fortnightly.

Is making normal progress.

Boy, N. J. W., born 29.9.68.

Positive 'Phenistix' test by health visitor at 3½ weeks.

Admitted to hospital. Dieting began 5.11.68.

Follow-up report (March, 1969).

Strictly-controlled diet; attends hospital weekly for a blood test.

General progress is normal.

Ortolani Testing for Congenital Dislocation of the Hip:

During 1968, 64 confirmed cases of congenital dislocation of the hip were discovered by hospital staff, domiciliary midwives, health visitors, clinic medical staff and general practitioners. This makes a total of 253 confirmed cases since the Ortolani test was introduced as a routine procedure in December, 1962.

Congenital Abnormalities:

Under the national scheme for the registration of congenital abnormalities discovered at birth and recorded on the notification of birth form, 520 babies with a total of 636 abnormalities were notified.

The number of births notified during the year was 31,621, giving a percentage of 1.6 for babies with one or more congenital abnormalities.

Welfare Foods:

At 31st December, 1968 there were 291 distribution centres in the County for the issue of welfare foods, of which 233 were clinics and health centres.

Children Neglected or Ill-treated in their own Homes—Prevention of Break-up of Families:

Throughout the administrative county there were 77 meetings of the Co-ordinating Committees, established—under the chairmanship of the Divisional Medical Officer for the area—to co-ordinate the activities of the many statutory and voluntary organisations concerned in the welfare of children.

The arrangements made by the County Council, following the issue of the joint Circular of the Ministry of Housing and Local Government (17/59) and the Ministry of Health (4/59), to safeguard the interests of housing authorities in selected cases, where there was a danger of the families being evicted and broken-up and the children being taken into care, have continued.

The Special Sub-Committee, established by the County Council to consider those cases where applications for assistance had been made by housing authorities, continued to meet regularly and, at the end of the year, 132 families remained under review. The action taken by the Committee has helped to prevent the eviction of families from their homes and has enabled the work of rehabilitation to continue.

Day Nurseries:

There are five day nurseries in operation, which provide more than adequate accommodation to meet the established need, for reasons of health and associated

socio-medical conditions, of the areas in which they are situated. Admissions have been made in accordance with the following approved categories:

- (a) The young child whose mother is ill or having a baby.
- (b) The illegitimate child whose mother is required to work.
- (c) The young child of the widow who must educate and support her family unassisted.
- (d) The young child of the mother whose husband is ill.

All the day nurseries are classified as training nurseries and have provided practical training facilities for students resident in the West Riding undertaking courses for student nursery nurses organised by the County Boroughs of Leeds and Bradford.

At the end of the year, five children for whom the County Council had accepted financial responsibility were attending day nurseries administered by the County Boroughs of Dewsbury, Huddersfield and Sheffield.

MIDWIFERY

Institutional Midwifery:

The proportion of hospital confinements in the Leeds Regional Hospital Board area rose from 80 per cent. to 83 per cent., and that in the Sheffield Regional Hospital Board area from 71 per cent. to 74 per cent. This gives a County rate of institutional confinements of 80 per cent.

Of 25,309 hospital confinements, 14,145 mothers were discharged before the tenth day.

Domiciliary Midwifery:

Miss N. M. Everitt, who had been supervisor of midwives for seventeen years, died in April, 1968. Miss Everitt was deeply interested in all aspects of midwifery and always alert to changing needs.

Many colleagues contributed to the £85 given as a memorial to her to the National Birthday Trust.

Miss Whitaker was appointed supervisor of midwives.

STAFF SITUATION:

The establishment is 280 whole-time midwives. In post at 31st December, 1968:

| | | | | | |
|--------------------------------|-----|-----|-----|-----|-------|
| Whole-time midwives | ... | ... | ... | ... | 163 |
| Part-time midwives | ... | ... | ... | ... | 8 |
| Whole-time home nurse/midwives | ... | ... | ... | ... | 45 |
| Part-time home nurse/midwives | ... | ... | ... | ... | 1 |
| | | | | | <hr/> |
| | | | | | 217 |
| | | | | | <hr/> |

The equivalent in whole-time midwifery is 190. There were 21 appointments, 20 resignations, 11 retirements, 1 midwife transferred to another service and 1 died.

The decline in the number of domiciliary deliveries continues. The work of County midwives includes the care of mothers discharged before the tenth day after delivery, attendance at many antenatal sessions, and teaching of mothercraft and relaxation to mothers booked both for hospital and home confinements.

EQUIPMENT:

New maternity outfits with more disposable equipment where appropriate became available throughout the County in December. All midwives are equipped with trilene analgesic apparatus.

EMERGENCY OBSTETRIC UNITS:

There were thirty-two reported calls on this service, the large majority of which were for difficulties during the third stage of labour.

IN-SERVICE TRAINING:

Thirty-four midwives attended Grantley Hall for a three-and-a-half days' course. Lectures on present obstetrical methods and future trends in midwifery gave a broader aspect to the course which still included teaching of parentcraft and psycho/physical preparation of mothers to a large degree. Fourteen midwives from adjoining County Boroughs and eight midwives from local hospitals also attended.

Because of the reduced number of home confinements, but with the continuing need to cover the County for midwifery purposes, attention has been given to keeping midwives conversant with modern practice. Volunteer staff in six divisions have attended their local maternity hospitals for a week each, to observe delivery techniques and refresh their knowledge of modern developments. This has been most successful and is being continued wherever local arrangements can be made.

Forty-nine midwives also attended statutory refresher courses.

MATERNITY LIAISON COMMITTEES:

See report on page 100.

HEALTH VISITING

Staff Situation:

| | |
|---|-----|
| Establishment including 16 field work instructors for student health visitor training: | 407 |
|---|-----|

In post at 31st December, 1968:

| | |
|---|-----|
| Qualified Health Visitors (including part-time) | 280 |
| Assistants to Health Visitors (including part-time) ... | 116 |
| Whole-time School Nurse | 1 |
| Whole-time Tuberculosis Visitors | 4 |
| | 401 |

Changes of staff during the year included:

| | | |
|----------------|---|----|
| Appointments — | Qualified Health Visitors | 33 |
| | Assistants to Health Visitors, S.R.N. ... | 41 |
| Resignations — | Qualified Health Visitors | 30 |
| | Assistants | 21 |
| | Retirements | 9 |
| | Transfers to other services | — |
| | Transfers to health visitor training ... | 12 |
| | Died | — |

Post Certificate Training:

Forty-three health visitors attended a course at Grantley Hall. The programme included aspects of mental health, school health, welfare provisions, and published and anticipated reports.

Twenty-five members of staff attended courses outside the County.

In-service training courses for assistants to health visitors were held at Goldthorpe, Hipperholme and Burley in Wharfedale. The courses consisted of two days in each of two consecutive weeks and the programme was directed at informing the members attending of the background and reasoning behind many of the practical duties already undertaken. Sixty-eight nurses attended.

Training in detection of hearing loss was given to sixty members of staff at Ossett, Selby and Hipperholme with the co-operation of Drs. Ireland, Appleton and Gordon.

Mutual exchange visits and a discussion session were arranged between West Riding staff and Doncaster Royal Infirmary nursing sisters. Twenty members of the County staff were involved.

Health Visitor Training:

Seventeen students qualified in 1967/68.

Recruitment was more favourable for 1968/69, seventeen students being accepted for Leeds, five for Bradford and seven for Sheffield Training Courses.

The West Riding also accepts many health visitor students from other authorities for a week's experience.

Cars:

Two hundred and ninety-eight health visitors used cars for their work, two of which were provided by the County.

Statistics.—Comments on Table 51:

The figures given are those required by the Department of Health and Social Security and are first visits only. These form approximately 25 per cent. of the total visits paid.

The figures include visits paid by the state registered nurses who assist the health visitors.

School health work includes vision, colour vision and hearing testing, assistance at B.C.G. sessions, immunisation sessions, and regrettably but still very necessary, cleanliness inspections.

Health visitors also share in nursery and child-minders supervision, medical examinations at training centres, continue with phenylketonuria and ortolani testing on all infants; they give particular care to unmarried mothers and their children.

HOME NURSING

The number of patients nursed rose by 3,201; 37,668 cases compared with 34,467 in the previous year.

Visits increased by 52,178 to a total of 838,038.

On the 31st December, 196 home nurses were attached to 249 practices comprising 541 general practitioners.

Staff Situation:

Following a report to Committee during the year showing the expansion of the home nursing service the establishment was increased from 290 whole-time nurses to 296 whole-time nurses from October 1st, 1968, with a provision for an eventual establishment of 315 whole-time nurses by 1975.

319 were employed at the end of 1968, three more than in 1967, and were made up as follows:

| | | | |
|---|-----|-----|-------|
| Home nurses, S.R.N. (18 part-time) | ... | ... | 261 |
| Senior relief home nurse, S.R.N. | ... | ... | 1 |
| Home nurse/midwives, S.R.N. (2 part-time) | ... | ... | 45 |
| Home nurses, S.E.N. (2 part-time) | ... | ... | 11 |
| Village nurse/midwife, S.E.N. | ... | ... | 1 |
| | | | <hr/> |
| | | | 319 |
| | | | <hr/> |

The equivalent in whole-time home nurses is 285.5.

There were 54 appointments, 33 resignations, 13 retirements, four transferred to other services and one died.

Training:

The whole content of district nurse training was undertaken by the County Council with the approval of the Department of Health and Social Security.

Nineteen nurses completed the course and all were successful in gaining the National Certificate in District Nursing.

Refresher Courses:

Forty-six nurses attended a course, highlighting general practitioner attachment and other aspects of the home nurses' work, at Grantley Hall.

Cars:

Three hundred and five home nurses and home nurse/midwives used cars in connection with their duties, seventy-eight being provided by the Authority.

Day and Night Nursing Service:

The object of this scheme, which is provided as an extension of the Home Nursing Service, is to provide a day and night nursing service for temporary periods—usually in an emergency or during the terminal stages of illness—to afford some measure of relief to relatives who are under a considerable strain resulting from caring for patients over a long period. Trained nurses, persons with nursing experience and ‘sitters-in’ are employed in the service. Whilst this service is not one which is called upon frequently, it is one which can, nevertheless, be of immense benefit.

During the year, the service was used in all but four divisions; 258 cases were provided with 14,928 hours of service at a cost of £4,282.

AMBULANCE SERVICES

I am indebted to Mr. V. Whitaker, O.B.E., F.I.A.O., County Ambulance Officer, for the following report.

At this point in time when there is so much discussion about changes in the pattern of local government and the services provided, it is perhaps appropriate to review progress over the years since the County Council’s Ambulance Service was re-organised under the National Health Service Act, 1946.

In year 1946/47, there were some 102 authorities and organisations providing ambulance facilities in the Administrative Area of the West Riding County Council. The following statistics show the developments which have taken place over the past 20 years.

| | 1946/47 | 1968 (Calendar Year) |
|--|-----------|-------------------------|
| <i>Vehicles</i> | | |
| Ambulance (operational) | 120 | 174 |
| Cars | 7 | — |
| | <hr/> 127 | <hr/> 174 |
| <i>Driver/Attendants</i> | | |
| Whole-time | 115 | 557 |
| Paid part-time | 55 | 23 |
| Voluntary part-time | 60 | 2 |
| | <hr/> 220 | <hr/> 582 |
| <i>Ambulance Stations or Agencies</i> | 79 | 31 |
| <i>Patients Carried</i> | 156,520 | 692,678 |
| <i>Miles</i> | 1,086,589 | 4,288,202 |

The vehicles taken over in the early days were of many varied types. Since the development of the Daimler ambulance in 1949 there has been no vehicle designed completely as an ambulance and the service has had to be content with adaptations to existing light commercial chassis on which ambulance bodies have been built. This position still obtains but the activities of a Working Party on Ambulances and Equipment have stirred up movement towards the standardisation of ambulances and their equipment which it is hoped will in the near future bring about the development of a thoroughly purpose-built ambulance. The West Riding Fleet contains three types of vehicles—the large dual purpose ambulance for both stretcher and sitting case work, the smaller sitting case vehicle which *can* convey a stretcher case if required and the faster shooting brake type of vehicle designed to deal with single stretcher cases swiftly and in comfort for the patient.

The staff employed in the service has grown tremendously since the early days and their conditions of employment have been the subject of vast improvement. The latest development has been in the training of ambulance drivers which now forms a most important part of the early service life of the staff. In 1948 the only requirement was possession of an elementary First Aid Certificate from one of the voluntary organisations. Now a new recruit undergoes an intensive six week course in ambulance aid and his first year of service is interspersed with training periods on the station to which he becomes attached. The establishment of the County Ambulance Training School has made this development possible and at the School students from other authority ambulance services go through the training courses alongside West Riding students. These courses have been devised in collaboration with officials of the Department of Health and Social Security on a countrywide basis using a standard syllabus. The calibre of ambulance drivers at present being engaged in the service is therefore improving in standard immeasurably over that of the early days.

Ambulance stations as such were virtually non-existent in 1948 but by virtue of a long slow programme of replacement the County Council now has 18 purpose-built stations out of a total of 24 and the remainder will be dealt with in due course. It has been possible with the experience of years to devise a fairly standard pattern of station layout though no two stations are exactly alike. Modern designs provide for office and mess room accommodation, garages with facilities for vehicle maintenance by way of a hoist and washing equipment and storage accommodation to cater for the mixed requirements of garage and medical supplies.

Radio control has been a feature of the West Riding Service since 1947 and the service is 100 per cent. equipped with two-way radio. Without this facility the service would be totally incapable of meeting the demands placed upon it. Radio redirection saves time and mileage and is often the means of speedier attendance in case of emergency. A recent development has been the concentration of operational control in a central control room. By this means a number of

stations are operated from one control point and instead of maintaining station insularity in operations, are welded into one large unit whereby mobility and co-operation are improved.

The increase in patients conveyed and mileage run by the service vehicles has been averaging 4·4 per cent. over the past ten years and in an endeavour to contain this continuing increase a start has been made recently in methods of bringing the hospital services to a realisation of the total demands being made on the Ambulance Service with a view to them assisting in a rationalisation of their demand. This becomes most vital in the continuing climate of economic restraint which has begun to make itself felt as a result of the restrictions it has placed on the growth of the Ambulance Service fleet of vehicles and staff.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education:

Positive health is a valuable asset, both to the individual and to the community, yet a wide knowledge of health matters does not automatically lead to good health practice. This is demonstrated by the fact that most people now accept that there is a positive health risk in cigarette smoking, yet the consumption of tobacco and the incidence of bronchitis and lung cancer remains high. Therefore one of the most pressing needs facing the health educator today is not simply knowing how to disseminate knowledge but rather how to change human behaviour patterns and attitudes, and ultimately motivate some action. This basic problem is not easy to solve but in the solution lies the key to our future success in health education.

WORK OF THE HEALTH EDUCATION UNIT:

The policy and development of health education was kept under review by the Health Education Advisory Panel which met twice during the year. Liaison and consultation with other disciplines as well as colleagues continued, by working parties set up to study specific problems of education in health.

Field staff were encouraged to visit the department to discuss their problems; these were usually in relation to visual aids or with reference to their own particular health education programme. It is considered that this is a very necessary and useful part of our service for it provides opportunities for communication in both directions. Visitors from other local authorities and other services in the West Riding have also been welcomed.

The Health Education Officer attended divisional staff meetings and took an active part in in-service training courses which were arranged for home nurses and midwives. Numerous lectures and talks on a wide variety of subjects were also given to other groups such as school meals workers, ambulance and police personnel, trainee teachers and many voluntary organisations.

Two residential in-service training courses and two study days on health education were arranged for field staff.

The day-to-day work of the unit included the design and production of materials and other visual aids. These have been used as displays in clinics, schools, agricultural shows, galas and exhibitions of various kinds. With the co-operation of the County Librarian, home safety display material toured many of the branch libraries within the County area. Details of these displays are given on pages 68 to 69. New sound films, filmstrip and loop cassette films have been added to the library and bookings have considerably increased. Training personnel in the correct use of the sound and other projectors was continued, and the technician trained fifty-two members of staff in 1968. Some progress was made in the production of our own filmstrip and of still photography.

HEALTH EDUCATION ACTIVITIES IN THE DIVISIONS:

Medical staff, health visitors and nursing staff all contributed in disseminating health education to the public. While nursing the sick, aiding recovery, or preventing disability, education in health is involved.

Formal health education in the clinics or surgeries is directed towards the expectant and young mother. Mothercraft classes organised jointly by the health visitor and midwives often included evenings for the expectant father. In the schools, health visitors undertook 1,441 sessions which involved 47,079 children. These courses were usually arranged with teaching staff and many included observation visits to see the workings of the public health service.

Dr. Dolton, Divisional Medical Officer (Rothwell/Wetherby) reported that "Health education in schools was stimulated by convening meetings between teachers and a health exhibition was held in a comprehensive school". Similarly, Dr. Stalker, Divisional Medical Officer (Doncaster) held a very successful meeting on 'To-day's Approach to Education and Materials' where teachers participated. A number of staff undertook to give talks in their leisure time to voluntary organisations, youth clubs and at Borstal institutions. Exhibitions, gala days and show days, particularly with reference to home safety, is a field of considerable activity.

Dr. Ireland, Divisional Medical Officer (Morley) organised a five-day home safety exhibition coupled with a 'Hazard House'. This was very successful with a total attendance of 4,664. A letter received from the Organiser, Home Safety, Northern Region of the Royal Society for the Prevention of Accidents stated "I think it is one of the best mounted exhibitions I have seen in the area, in fact, one of the best I have seen in the whole of the North of England".

Social Workers:

Progress towards the approved establishment of 25 qualified social workers continued during the year. Six trainees, appointed in 1967, commenced the two-year Certificate in Social Work course at Leeds College of Commerce and five more trainees were appointed for their probationary period.

1968 saw the emergence of the training scheme's first qualified staff. Five of the original trainees, appointed in 1965, completed their course at the College in July and three were awarded the Certificate of the Council for Training in Social Work. The remaining two required further periods of supervised practice before the award of certificates could be made.

The sphere of work within the Health Department in which these social workers may be usefully employed will continue to be the subject of experiment. First reports are most encouraging and the future development of these officers will be watched with great interest. (See pages 25 to 26).

Recuperative Home Treatment:

Two hundred and sixty-seven applications for recuperative home treatment were received as compared with two hundred and seventy-six in the previous year. One hundred and fifty-three, forty-one men and a hundred and twelve women, were admitted to a convalescent home, the remaining hundred and fourteen applications (43 per cent.) were cancelled.

Renal Dialysis—Adaptation of Patients' Homes:

The Department of Health and Social Security authorised local health authorities, under Section 28 of the National Health Service Act, to carry out household adaptations. This enabled chronic renal dialysis to be undertaken within the home, thus freeing a hospital bed for another sufferer from kidney disease.

Five requests were received by this authority and details are given below.

| Div. No. | Private or Council accommodation | Regional Hospital Board | Date of Committee Approval | Date of Completion | Estimated Cost £ |
|----------|----------------------------------|-------------------------|----------------------------|--------------------|------------------|
| 31 | Council | Sheffield | 12th February, 1968 | August, 1968 | 585 |
| 27 | Council | Sheffield | 26th August, 1968 | October, 1968 | 426 |
| 16 | Council | Leeds | 11th November, 1968 | — | 440 |
| 12 | Council | Leeds | 11th November, 1968 | — | 275 |
| 5 | Private | Leeds | 9th December, 1968 | — | 300 |

At the time of writing, all five adaptations have been completed and are satisfactory.

MENTAL HEALTH

Training Centres:

ACCOMMODATION AND STAFF:

A list of training centres for the mentally subnormal and of the places available is given in Appendix A.

The special care unit at the Wombwell Training Centre and the extension to the special care unit at the Horsforth Comprehensive Training Centre were completed and opened during the year. The provision of an additional workshop at the Heckmondwike Training Centre has done much to alleviate the overcrowding in the adult wing. Work commenced on the Brighthouse Training Centre and an extension to provide a new special care unit at the Maltby Training Centre. Six members of the training centre staff successfully completed the course for the Diploma for Teachers of the Mentally Handicapped, and the qualified staff employed at the nineteen training centres now exceeds forty per cent. Five members of staff are currently on the two year course and five on the one year course. The in-service training for the teaching staff has been maintained with five courses at Grantley Hall.

CENTRE ACTIVITIES:

The undoubted success of the swimming pool at the Rawcliffe Training Centre has stimulated interest at other centres, and it is expected that at least four additional pools, with improved facilities, will be provided by the joint efforts of voluntary groups and the Authority. The support of Parent/Teacher Associations and other groups is much in evidence in the very wide range of instructional and social activities undertaken at the centres. Many of these extra-mural activities involve the staff in additional work, some in the holiday periods. Examples include the members of the Rawcliffe Training Centre Youth Club enjoying a week's holiday with the Thorne Youth Club at Ilkley; the adult trainees at the Kirkburton Training Centre spent a weekend in London in September; the Wombwell Rotary Club arranged for the junior trainees at the Wombwell Training Centre to spend a week at Scarborough and the children from the Ossett and Horsforth Centres had a week's residential training at the coast.

The interest and assistance from voluntary bodies is most stimulating, and the increasing visits from the school leaver groups at the ordinary school supports the belief that the community is prepared to accept and assist the mentally subnormal person.

The increase in the number of approved courses and students has increased the requests for placements for practical teaching and twenty-eight students were accepted in the year.

HOLIDAYS AND OUTINGS:

The Authority arranged a week's holiday at Whitby for three parties, two in May and one in September, and again provided for a day's outing for each training centre.

INDUSTRIAL WORK:

Once again the volume of industrial work has increased. The total value of sales of finished products reached the figure of £29,600 (£6,000 more than last year), whilst other services rendered by patients (e.g. laundry, care of grounds etc.) was valued at £5,350 making a total income of £34,950. The cost of raw materials was £17,600 and payments to patients amounted to £16,700.

Several new private contracts have been undertaken in our training centres, some of the more interesting ones include the manufacture of gear lever knobs, mushroom trays, the folding and labelling of pre-creased chocolate boxes and bundling carpet sills for Ford Cortina cars. A new job undertaken on behalf of County Supplies Department is the manufacture of 12 ft. x 8 ft. cedar sectional timber huts.

The incentive payments scheme has continued and for the financial year 1968/69 a sum of £20,000 was approved for this purpose. At the same time the maximum payment to adult trainees has increased from 30s. 0d. to 40s. 0d.

SPECIAL CARE UNITS:

The 13 special care units are working to capacity and there is a growing waiting list. The units are meeting a real need and one is pleasantly surprised at the undoubted improvement in many cases, a great tribute to the patience and understanding of the staff. This provision puts a heavy financial burden on the Authority. Some help is now forthcoming from the consultants in charge of the hospitals for the mentally subnormal by way of day care. However as these hospitals are so overcrowded and the number of beds provided continues to dwindle, it is expected that the demand for special care places will increase.

Mental Welfare Officers:

TRAINING COURSES:

Since 1963, fourteen Officers have been seconded for training through the County Council's scheme for training on the 'Younghusband' course or a course leading to the Certificate in Psychiatric Social work. All newly appointed officers have attended residential induction courses and nine three-day courses were held at Grantley Hall. Mrs. Farrow continued the in-service training by way of regular seminars and the mental welfare officers are encouraged to attend the case conferences held at psychiatric hospitals. The senior mental welfare officers continued to meet at monthly intervals throughout the year and the matters discussed have included the Seebohm Report and the Green Paper, Drug Addiction, Mental Health Services for Epileptics, and Drugs left at home by psychiatric in-patients.

Mental Health Week:

A working party of officers of the department and representatives of the field staff prepared a detailed programme, brief details of which are as follows:

DAY CONFERENCE:

As a build up to the Mental Health Week a Study Day was held at Bretton Hall Training College, Nr. Wakefield, on the 18th April. The Study Day was attended by sixty-five members of the department's staff and twenty-nine members of the staff of the Education Department. Papers presented included "Deprivation in Young Children" by Professor A. D. B. Clarke, "Deprivation in School Children" by Dr. J. H. Kahn and "Family Psychiatry" by Dr. T. A. Ratcliffe.

FILMS AND VISUAL AIDS:

An extensive programme of sound films and other visual aids was booked for the period March-August and made available to all divisions.

TRAINING CENTRES:

As in previous years Open Days were held at the training centres.

Hostels and Homes:

MEADOW BANK HOSTEL, HARROGATE (eight subnormal children):

The hostel accommodates children who attend the training centre from Monday to Friday for forty-two weeks in the year and five weeks in the year are available for short stay care. The occupancy has been remarkably high. During the year four children were discharged and three of the children admitted were very severely subnormal. The presence of these children curtailed the outings for the more active children usually arranged by the hostel staff, but the warden comments on the helpful regular visits of several school children of ten to sixteen years of age.

HEALEY CROFT HOSTEL, WEST ARDSLEY (twenty-nine subnormal adults) AND ANNEX AT ZOAR STREET, MORLEY:

During 1968 the hostel has operated to capacity, there being ten admissions and eleven discharges, and at the end of the year there were twelve residents in employment and seventeen attending the training centre (see Appendix B). An interesting extension of residential accommodation used in connection with this hostel has been the opening of a house in Zoar Street, Morley, as lodgings for three mentally subnormal adults. This former district nurse's house was adapted for this purpose and was opened in November. A young married couple with a

child of two years accepted the tenancy of the house and moved in during October, 1968, and were joined on the 3rd November by three residents from Healey Croft. The project has had a successful beginning and Dr. Ireland, in his comments (see Appendix B) feels that further accommodation similar to this should be established in the area. The County Council is responsible for the payment of rates, internal and external decorations, maintenance and repairs, and no rental is charged. The tenancy is conditional on the tenant accepting as lodgers at least two and not more than three mentally subnormal adults. A lodging charge of £4 5s. 0d. per week is paid by each resident to the landlady and this amount is guaranteed by the County Council.

LEE GRANGE HOSTEL (twenty post psychotic adults):

The first resident was admitted on the 28th July, 1968, and by the end of the year there had been 17 admissions and eight discharges.

Applications were received from the following:

| | No. of Applications | | | | | No. Accepted for Admissions |
|---|---------------------|-----|-----|-----|-----------------------------|--------------------------------|
| Stanley Royd Hospital | ... | ... | ... | ... | 15 | 9 |
| Storthes Hall Hospital | ... | ... | ... | ... | 4 | 3 |
| High Royds Hospital | ... | ... | ... | ... | 3 | 2 |
| Naburn Hospital | ... | ... | ... | ... | 1 | — |
| Clifton Hospital | ... | ... | ... | ... | 3 + 6 psycho- geriatrics | — |
| Scalebor Park Hospital | ... | ... | ... | ... | 1 | 1 |
| Lancaster Moor Hospital | ... | ... | ... | ... | 1 | — |
| Middlewood Hospital | ... | ... | ... | ... | 2 | 1 |
| Westwood Hospital | ... | ... | ... | ... | 1 | — |
| Stansfield View Hospital | ... | ... | ... | ... | 1 | — |
| Pinderfields Hospital | ... | ... | ... | ... | 1 | 1 |
| TOTAL | | | | | 39 | 17 |
| Ackworth Moor Top School for maladjusted pupils ... | ... | ... | ... | ... | 1 | — |
| H.M. Borstal, Middlesex | ... | ... | ... | ... | 1 | — |
| Patients living at home | ... | ... | ... | ... | 12 | 6 |
| GRAND TOTAL | | | | | 53 | 23 |

The decision for providing hostel accommodation is arrived at after consultation and consideration of all the circumstances of the case as is done at the Healey Croft Hostel for Subnormal Adults.

The original intention, in accord with the policy of the Health Committee, was to admit those patients from psychiatric hospitals who had completed their hospital treatment, for short periods of time in order to promote social rehabilitation before their return to the community. The admission of

patients direct from the community would also be considered but it was felt that this would be a less likely occurrence. To further this aim, consultant psychiatrists from Wakefield, Huddersfield and Leeds hospitals were invited to visit the hostel for an afternoon when the function of the hostel and the type of care envisaged was fully discussed.

Eleven hospitals subsequently referred cases for consideration, the Stanley Royd Hospital submitting the highest number of applications. Of the 15 applications received from that hospital 9 were accepted.

Hostel provision for the mentally ill is a new service, Lee Grange being the first post psychotic hostel in the West Riding. A medico-social plan of treatment is the essence of good psychiatry. One or two psychiatrists appear to be making an increasing use of the hostel in accordance with our policy but others refer cases for long stay rather than short stay, and there is no doubt that the hostel could be filled immediately with such patients. This, however, would be short sighted, and completely wrong. The hostel is a therapeutic instrument and should not be looked at in terms of 'filled' beds with a long waiting list.

At Lee Grange we have no supporting training and sheltered workshop facilities until the Mirfield Day Centre becomes operative. Even with the relatively small number of cases so far admitted the absence of such a facility has been deeply felt. It has been the warden's experience that residents at work have been strongly influenced by those not yet in employment who spend their day in the hostel or its environs; and the impetus maintained by the warden for residents to find a job and keep it is constantly threatened by the activities of this group (which is not static). The experiment so far has been reasonably successful and given time should become a valuable community service.

Day Centres:

HARROGATE THERAPEUTIC CLUB:

The average daily attendance at the end of the year was sixteen, excluding six people who came solely to see the psychiatrists and who did not join in the activities of the club. Four groups of people attend the club:

- (i) *Care/Maintenance Group*—Although six members have required in-patient treatment during the year, their stay in hospital has been short and they have quickly returned to the club. It appears as though most of the members of this group will need the support of the club for quite a long time.
- (ii) *Rehabilitation*—The members of this group have suffered long illnesses and all of them are so impaired that it is unlikely they will enter paid employment—one lady is over seventy years of age. They are patients who would formerly have remained in hospital for life.
- (iii) *Crisis Group*—The crisis which were encountered included loss of employment, illness of guardian, eviction, death of landlady, alcoholic collapse, family crisis, hospital refusal and illness in residential work. Of the eleven patients involved all except three returned to their former status in a very short time.

- (iv) *Psychiatric Follow-up of Discharged Patients*—Dr. D. E. Munro saw patients every Thursday afternoon and Dr. W. Kerr was in the club every Wednesday. On average, twenty patients a week were seen, half of them being club members and the rest were patients who were in employment or fully occupied as housewives.

SNAITH DAY CENTRE:

Dr. Appleton, Divisional Medical Officer, has submitted the following report:

“The Snaith Day Centre continues to serve and support patients convalescing from mental illness and for some has been an important step on the way back to normal activities. Twenty-seven patients were attending at the beginning of 1968, twenty-three at the end. These figures indicate not a falling away but the fact that four more patients returned to regular employment during the year.

The centre is proud that a patient who took up wood carving on admission to the centre has been accepted as a student at the York College of Art. It is pleasing to report further that he is being transported to and from York by another ex-patient who has resumed his work in York.

Such is the variety of occupations devised by the instructors that it is virtually impossible for a patient not to find something to interest him and restore his self-confidence. Attempted in a small way but with considerable success are motor valve grinding, re-spraying, panel beating, car lock repairs and desalting undersides of cars. For Christmas, settings of stage coaches, Cinderella's Coach, reindeer sleighs and Christmas windows were made from polystyrene and waste materials. These settings are about one-third life size and there might well be a market for these in hotels and clubs. The decoration of church organ pipes has also been undertaken, and a small commission for Tartan shortbread moulds obtained. First and second prizes were gained in the open class craft work at the Snaith and District Show.

The visiting psychiatrist is well pleased with the progress made by patients in the relaxed, family circle atmosphere. The ultimate aim is rehabilitation and some have achieved this entirely; others only partially, returning periodically for reassurance and morale building. For five elderly men the centre means companionship and a feeling of usefulness instead of housebound loneliness and depression.”

Psychiatric Social Clubs:

In surveys undertaken in 1966 and 1968 the same number of people were attending, 292. In both cases 11 clubs were involved in the survey and the percentage of females attending exceeded 75, and the highest number appeared in the 45/54 age group. In 1966, 214 people had attended for more than one year and in 1968 the number was 180. These well established clubs have considerably extended their activities and play a valuable part in the rehabilitation and supportive service.

PART IV

ENVIRONMENTAL HYGIENE

Food and Drugs

Sanitary Circumstances

See also Tables 62 to 69 of Appendix A

ENVIRONMENTAL HYGIENE

With ever increasing demands on time the working out of priorities in the Public Health Inspectors Section becomes more difficult. The number of school swimming pools continues to rise and calls for almost the full time of one member of staff acting in an advisory capacity. This is in addition to the time spent obtaining water samples by sampling officers who have consequently been unable to achieve bi-monthly milk sampling for brucellosis.

The range of duties has remained the same and the only one undertaken which is not mentioned in the body of the Report is the inspection of nursing homes. This has been carried out in conjunction with the medical and nursing staff.

Food and Drugs Act, 1955:

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1963:

THE MILK (SPECIAL DESIGNATION) (AMENDMENT) REGULATIONS, 1965:

Licensed Dealers:

Whilst there has been a slight increase in the number of dealers it is pleasing to see that last year's sudden increase in dealers in untreated milk has not continued. The noticeable increase is in dealers in Ultra Heat Treated milk which is proving continually more popular with the general public.

The percentage of untreated milk samples failing the methylene blue test rose again. Many of the failures came from dealers licensed by the Ministry of Agriculture, Fisheries and Food and accordingly the results were notified to them.

Processing Plants:

A re-arrangement of processing occurred in the south of the Riding when the Rotherham Co-operative Society ceased pasteurising at their Bramley dairy and the business was taken over by Northern Dairies. Northern Dairies continued to use the Bramley premises and discontinued the use of their dairy at Rawmarsh. This has resulted in the loss of one pasteurising plant and the last remaining sterilising plant in the administrative county.

The number of phosphatase failures was a pleasing reduction but nonetheless each one was thoroughly investigated.

Premises Bottling Untreated Milk:

Regular visits for the purpose of supervision and sampling were made to the nine premises where untreated milk is purchased in bulk and bottled. Of the one hundred and seven samples obtained eighteen failed the methylene blue test.

Follow-up action in each case was quickly taken to avoid repetition. Two samples gave positive cream cultures for brucellosis and appropriate action was taken.

SUPPLY OF MILK TO SCHOOLS:

Pasteurised milk is supplied wherever possible but a number of the more remote schools have to take an untreated supply. Seventy-three samples of untreated milk were obtained and 11 of these failed the methylene blue test. Investigations of these failures were made and repeat samples obtained.

Untreated milk samples are examined for tuberculosis, brucellosis and antibiotics in addition to the keeping quality test. No evidence of the presence of tuberculosis or antibiotics was found. Nine samples gave positive cream cultures for brucellosis and immediate notification was given to the divisional medical officer to enable him to stop the infected supply.

SAMPLING OF MILK AT HOSPITAL FARMS:

Sampling, which is carried out at the request of the Department of Health and Social Security, continued at two farms. At Stanley Royd Hospital Farm, Wakefield, where the production of untreated milk takes place, 24 samples were obtained. All samples were satisfactory on methylene blue test. As the milk is not used in its raw state at the hospital, but sent for pasteurisation, no examination is carried out for tuberculosis or brucellosis. At Stansfield View Hospital Farm, Todmorden, where a pasteurising plant is installed, 24 samples were obtained. All samples passed the phosphatase test and with the exception of two void samples the remainder passed the methylene blue test.

ANTIBIOTICS IN MILK:

One thousand and sixty-seven samples were examined by the Wakefield Public Health Laboratory using the modified T.T.C. provisional method for the detection of antibiotic and other inhibitory substances in milk. Seventeen of the samples were found to contain antibiotics and action was taken in co-operation with the Milk Marketing Board.

BRUCELOSIS:

Two thousand three hundred and seventy-six samples were examined for the presence of brucellosis but this is still not achieving the aim of bi-monthly sampling. All samples were examined by ring test and cream culture, in addition 70 guinea pig inoculations were carried out. The total number of positive cream cultures and guinea pig inoculations was 90, a percentage of 3.78.

The policy of notifying divisional medical officers of all results of milk samples taken by the department has continued and grateful recognition is given to them and to the county district public health inspectors for their help and co-operation.

Once again thanks must be recorded to the Directors of the Public Health Laboratories in and around the county for the useful information they continue to send us. Dr. L. A. Little, Director of the Wakefield Public Health Laboratory, and his staff must be singled out for special mention of course as the unfortunate, but non-complaining, recipients of all the sampling work.

QUALITATIVE MILK SAMPLING:

Under the County Council's scheme of qualitative milk sampling 98 samples were submitted for analysis by county district public health inspectors. One was deficient in fat but legal proceedings were not instituted.

EXTRANEOUS MATTER IN FOOD:

Thirty-three complaints were received and investigated. A summary is given below of details of each case and result where legal proceedings were taken. In other cases verbal or written cautions were given.

Taint in corned beef.

Glass in bottle of school milk—9 cases.

Dirty milk bottle—5 cases. One prosecuted, fined £75 and £4 14s. 0d. costs.

Fly in bottle of sterilised milk.

Mould on loaf of sliced bread.

Foreign matter in bottle of school milk—3 cases. Two prosecutions with £5 fine and costs of £3 3s. 0d. in each case.

Mouse dropping in loaf of bread. Prosecuted, fined £15 and £3 3s. 0d. costs.

Grease in bread.

Concrete in school milk.

Mouldy fruit tart. Prosecuted, fined £10.

Metal in loaf.

Leaf in bottle of school milk.

Mouldy fruit pie.

Sour corned beef.

Milk not of normal consistency—3 cases. One prosecuted, fined £25 and £3 3s. 0d. costs.

Fibre in loaf of bread.

Fly in cocktail onions.

Water Supplies:

PLUMBO-SOLVENT WATER SUPPLIES:

The periodical examination of water from those public supplies in the West Riding which are known, or suspected, to possess plumbo-solvent properties has been carried out.

Two samples of water were collected from each supply (a) after standing all night and (b) after standing for thirty minutes in a lead service pipe, and the samples were examined for the presence of lead. Two hundred and eighty-six

samples were examined and in each case the result of the examination was notified to the medical officer of health and other appropriate officers of the county district concerned.

The W.H.O. International Standards, 1963, give 0.05 mg/l as the maximum allowable concentration of lead and all samples giving a reading above this figure are reported as being unsatisfactory. It is appreciated that the standards have no legal validity but it is hoped that all concerned with the treatment and distribution of water will endeavour to provide it to the highest possible degree of safety.

PRIVATE SUPPLIES OF WATER TO COUNTY PREMISES:

Supervision and sampling of private supplies has continued. Full water treatment plant is installed at Grantley Hall and Ingleborough Hall whilst Aldfield C. E. School has a filter candle. The other supplies are untreated. The treatment plant at Ingleborough Hall has given a good deal of trouble over the past year and indeed a satisfactory solution has not been reached at the time of writing this Report. The large number of unsatisfactory results from Askham Bryan Agricultural College was due to flood water gaining access to the bore. Satisfactory reports were quite soon obtained after curative measures were taken.

FLUORIDATION OF WATER SUPPLIES:

The Department of Health and Social Security has requested a report on the action taken by the Authority under Circulars 12/63 and 24/68 on the fluoridation of the public water supplies. My Report for 1965 gave a comprehensive review, since when the overall position has remained unchanged.

It is pleasing to record that formal agreement was reached with the water undertaker for the fluoridation of the supply to part of the Horsforth Division to be put into operation early next year and two further undertakers were at various stages with the compilation of technical data and costings of minor schemes.

Rural Water Supplies and Sewerage Acts, 1944-61:

All schemes submitted for grant were examined and comments forwarded to the County Planning Officer for onward transmission, with his observations, to the County Council's Consulting Engineer.

In addition, Ministry Inquiries and Investigations of Schemes were attended where held.

Local Government Act, 1958, Section 56:

SEWERAGE SCHEMES—APPLICATIONS FOR GRANTS:

No application was received during the year.

School Swimming Pools:

The number of school swimming pools in operation and under consideration rose during the year to a total of 54. Six hundred and forty-eight water samples were taken which included sampling at the Woodhall Centre, Wetherby and the Hilton Grange Children's Home, Bramhope. These premises are not County owned but sampling is carried out by agreement.

The owner of a private swimming pool proposed a scheme whereby the Authority could share the use of the pool subject to a financial arrangement. Inspection of the pool indicated that the water treatment plant did not reach the standards set by this department and the project did not therefore proceed.

Mechanical failures and defects to pool linings resulted in some pools being closed for repairs. Discussions were held with the County Architect's Department with a view to establishing a system of regular maintenance by the service engineers of the companies concerned.

Plans were made for the installation of pools at the Authority's Mental Health Training Centres at Horsforth and West Ardsley.

West Riding County Council (General Powers) Act, 1964:

PROVISION OF PUBLIC CONVENIENCES:

The system instituted last year of advance signs for public and certain agreed private conveniences on two major trunk roads has worked well. Unfortunately provision has not been made yet on the major holiday route which was included in the pilot scheme and is proving very difficult.

Gypsies:

The Working Party, consisting of members of the Clerk's, Education, Planning and Health Departments, has continued to hold consultations with all interested parties. In addition to meeting many of the County District members and officials, discussions have been held with representatives of most of the County Boroughs in and around the County and with two adjoining County Councils.

In discussing the problem generally with the various Authorities a not unexpected reluctance on the part of the District Councils to accept the establishment of a caravan site in their particular area has been encountered. The Working Party has found that most District Councils do not want to be the first to establish a site for fear that their respective areas might become a 'dumping ground' for gypsies from other areas, particularly the larger County Boroughs.

As reported last year it was hoped to have a site in operation during the year under review. Unfortunately strong objections to the use of the site have been

raised by the adjoining County Borough. Counter proposals have been made by them to establish a site on land in their ownership but within the area of the County District. At the time of writing the applications are with the Ministry.

A further obstacle in the setting up of sites is that financial resources for such projects are very limited. When it is appreciated that the building of the necessary sites in the county would cost in the region of £100,000 then clearly the solution will not be reached easily or quickly.

Pharmacy and Poisons Act, 1933:

Two hundred and nineteen visits of inspection were made to premises listed for the sale of Part II poisons.

Tetanus Survey:

The collection of soil samples continued for a long term survey of the anti-biotic resistance of strains of *Clostridium tetani*. The survey is being undertaken by the Public Health Laboratory Service.

The Riding Establishments Act, 1964:

Premises licensed by the County Council were visited at least once each. The general public health aspects of each premise were examined and a report submitted to the Clerk of the County Council. This report is considered along with a report of a veterinary surgeon and one from the County Fire Officer before a licence is issued.

Atmospheric Pollution:

The Authority's scheme for the measurement of atmospheric pollution operated in conjunction with Warren Spring Laboratory of the Ministry of Technology and officers of the County Districts, has continued efficiently.

At the year end 39 District Councils were participating involving 52 combined daily smoke filter and sulphur dioxide instruments, and four daily smoke filters only.

PART V

MISCELLANEOUS

Welfare of the Epileptic and Spastic

‘ Wardens ’ Schemes for the Aged

Persons in need of Care and Attention

Registration of Nursing Homes

Notification of Births

Nurseries and Child-minders Regulation Act, 1948

Medical Arrangements for County Children’s Homes
and Residential Nurseries

Medical Examination

Road Traffic Act, 1960

West Riding Distress Fund

See also Tables 70 to 74 of Appendix A

THE WELFARE OF THE EPILEPTIC AND SPASTIC

Details are given in Appendix A of all known epileptics and spastics.

The County Council's scheme under Section 29 of the National Assistance Act, 1948 for the provision of welfare services for physically handicapped persons (general classes) was inaugurated in 1953 and there are now 6,476 registered cases, a number of whom suffer from cerebral palsy or epilepsy.

The County Council administers 25 social and handicraft centres for use by the physically handicapped and provides domiciliary visitation by way of district welfare officers, who advise on the many personal and social problems arising from handicap, and by handicraft instructresses, who teach those who are home-bound and cannot attend centres. Additional services provided include the supply of aids on loan and adaptations carried out at the homes of handicapped persons to secure their greater comfort or convenience.

A number of grants were made during the past year to enable severely disabled persons to take a holiday and the County Council has continued its practice of contributing to the funds of voluntary organisations which promote welfare services for those suffering from epilepsy and spasticity.

‘ WARDENS ’ SCHEMES FOR THE AGED

In 1956, all County District Councils were informed that the County Council were prepared to consider the making of contributions (now made under Section 56 of the Local Government Act, 1958) towards the expenses incurred by them in the development of services for aged persons accommodated on Council estates subject to the submission of schemes containing full details of the proposals.

During the period July, 1957, to March, 1969, 563 schemes have been approved by the County Council, affecting 83 District Councils.

Following the implementation of the West Riding County Council (General Powers) Act, 1964, the County Council informed all County District Councils that they were prepared to consider the making of contributions towards the expenses incurred by them in the development of services for aged persons living in privately owned or rented accommodation.

During the period [September, 1965, to March, 1969, 390 schemes have been approved by the County Council, affecting 51 District Councils.

Under Section 119 of the Housing Act, 1957, eleven Housing Associations supervising fifteen schemes receive annual contributions in respect of accommodation for aged persons.

I am indebted to Mr. J. H. Bargh, County Welfare Officer, for supplying the above information also Tables 70 to 73 of Appendix A.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

Reports of Medical Officers of Health indicate their understandable reluctance to invoke the powers of Section 47 of the National Assistance Act, 1948, which provides for the compulsory removal to appropriate accommodation of persons requiring care and attention. The proceedings were unavoidable in ten cases, six men and four women were admitted to hospital.

REGISTRATION OF NURSING HOMES

There were five amended registrations and one new registration during the year under the provisions of the Public Health Act, 1936, as amended by the Nursing Homes Act, 1963.

NOTIFICATION OF BIRTHS

(Public Health Act, 1936, Section 203)

The number of live and still births notified and attributable to the County Area was 31,621. When this figure is compared with the Registrar General's return of 31,680 births (31,226 live and 454 still births), the degree of error is small and affords satisfactory evidence of the system of notification.

Prompt notification makes it possible to arrange for early visiting of babies by health visitors, and it is satisfying to record that 31,523 first visits to children born in 1968 were made.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

(as amended by the Health Services and Public Health Act, 1968)

At the end of the year, there were eight nurseries registered for the care of 212 children and 101 child-minders registered for the care of 809 children. A total of 326 visits of inspection were made.

Section 60 of the Health Services and Public Health Act, 1968, which became operative on the 1st November, 1968, had the effect of strengthening the powers of local health authorities under the 1948 Act. The aim of the new legislation was not only to improve the standard of care being given to children under five but also to encourage the provision of more facilities. The penalties for unregistered child-minding were also made more severe than those contained in the 1948 Act.

In connection with the amended legislation, the Minister of Health, in October, 1968, issued Circular 36/68 which advised on the local health authority staff who should be employed in work under the new legislation, the procedure for dealing with applications for registration, the keeping of records, supervision after registration, and publicity of the requirements of the new legislation.

At the same time, the Minister issued Circular 37/68 which dealt with day care facilities generally for children under five, but, in addition, it contained a memorandum of guidance on standards for the day care of pre-school children in the private sector, with reference to accommodation, numbers of children and staff, general care of children, health, feeding, toys and materials, and the training needs of staff. Following a close study of the Circular, a memorandum of guidance for the staff was produced and approved by the Committee: this is reproduced on pages 57 to 66. A shortened version is also made available to applicants seeking registration.

**MEDICAL ARRANGEMENTS FOR COUNTY CHILDREN'S
HOMES AND RESIDENTIAL NURSERIES**

Divisional medical officers have submitted periodic reports on the discharge of their responsibilities for the medical arrangements at County Children's Homes and Residential Nurseries; these provide for the medical examination of children on admission and discharge, subsequent routine and special examinations, the keeping of medical records, precautions against the spread of infectious diseases, determining the hours of rest and sleep, the general supervision of health, hygiene and diet, and the staffing of the nurseries. Routine examinations, which are undertaken monthly in residential nurseries and six-monthly in children's homes, reveal the not-unexpected high proportion of children with physical and mental defects and with emotional problems.

MEDICAL EXAMINATION

The steady rise in the number of persons being considered for admission to the County Council's superannuation scheme, either as new appointments or after two years' service as manual workers, has continued this year, the number of health questionnaires received having increased from 1,247 in 1962, when the new scheme was inaugurated, to 2,382 in 1968.

During 1968, 1,681 persons were admitted to the superannuation scheme on the basis of the information contained in the health questionnaire and 701 (29.42 per cent.) were referred for medical examination. The reasons for referral were:

| | Number referred | Approved | Not Approved | Decision Deferred |
|---------------------------------------|--------------------|----------|-----------------|----------------------|
| Age | 224 | 206 | 10 | 8 |
| History | 303 | 251 | 11 | 41 |
| Category (of employment, i.e. driver) | 83 | 83 | — | — |
| Age and History | 75 | 50 | 15 | 10 |
| Age and Category | — | — | — | — |
| History and Category | 15 | 10 | — | 5 |
| Age, History and Category | 1 | 1 | — | — |
| | — | — | — | — |
| | 701 | 601 | 36 | 64 |
| | — | — | — | — |

These examinations have been carried out by the County Council's medical officers and general practitioners employed on a sessional basis. In addition, 50 examinations have been carried out for other local authorities in the course of the year.

Special medical examinations have been undertaken in respect of 93 employees in the various departments who have had lengthy periods of sickness absence.

Since the creation of the new West Yorkshire Police Authority in October, 1968, the department continues to carry out, on an agency basis, the medical examinations of the civilian employees. These are included in the above figures.

ROAD TRAFFIC ACT, 1960—SECTION 100(6)

The Clerk of the County Council referred 78 cases for advice with regard to their medical fitness to hold driving licences. Enquiries and investigations were carried out and appropriate recommendations passed to the Clerk for the guidance of the Local Taxation Officer.

Twenty-one persons who had been investigated previously, were reviewed.

The family doctors and specialists concerned with these cases continue to be helpful and co-operative when asked for information about their patients.

WEST RIDING DISTRESS FUND

Grants from the West Riding Distress Fund were used to provide clothing for two mentally subnormal girls and two mentally subnormal boys. A further grant was approved to provide the special clothing and footwear required by a mentally subnormal youth who was proceeding on a two-year course in Agriculture.

PART VI

THE HEALTH OF THE SCHOOL CHILD

**The Annual Report of the Principal School
Medical Officer**

including

**The Report of the Principal School
Dental Officer**

See also Tables 75 to 87 of Appendix A and Appendix D

THE HEALTH OF THE SCHOOL CHILD

(Being the 61st Annual Report of the Principal School Medical Officer)

Introduction:

The year 1968 has been marked by various developments which had been planned for some time and have provided valuable extensions to the School Health Service.

A peripatetic service for hearing-impaired children in the ordinary schools commenced in January, 1968 in two areas, staffed by a whole-time teacher of the deaf in the Harrogate/Otley/Horsforth districts and by the part-time secondment of a teacher of the deaf from the Yorkshire Residential School for the Deaf, Doncaster, in the Don Valley area. The teachers work in close liaison with the Otley and Doncaster Audiology Clinics and the service provided has been very much appreciated by the medical and teaching staffs in the areas. It is hoped that the facilities can be extended to other areas when financial conditions permit.

In-service training of medical and nursing staffs has been increased considerably. In October, 1968 a course for twelve departmental medical officers was commenced, meeting each Friday. This will be continued during 1969. All the medical officers are experienced members of the staff and have undertaken the course on the ascertainment of retarded children. The aim is to give more insight into the changing pattern of the service and its relationships to other agencies. Considerable emphasis has been put on the ascertainment and placement of handicapped children and the course will include visits to special schools and units. The members of the course have already expressed their appreciation and commented on the broadening of their horizons. The County Nursing Officer initiated three area courses for school nurses on the various aspects of their duties and these have also been well received. These developments are additional to the termly study day for all departmental medical officers and courses for health visitors which have continued during the year.

The close co-operation between the Education Department and the School Health Service has been well maintained. The Principal Medical Officer for the School Health Service and the County Inspector for Special Education are concerned frequently in courses involving teachers, nurses, education welfare officers and others. Further Remedial Centres are being opened and joint panels have been set up with local and central office representation bringing together all those involved in the education of children attending the Centres. Meetings between departments to co-ordinate the services continue to be held regularly.

A further development has been the publication of *Well-being*—a review of health and education under the joint editorship of Dr. Francis, Dr. Smith and Mr. J. Geoffrey Millard. This journal is circulated to teachers, nurses, doctors and others each term and the aim is to stimulate exchange of information on developments having significance for the health and education of the child.

Difficulties in staff recruitment still persist particularly in regard to senior departmental medical officers, speech therapists and psychiatric social workers. Staff shortages hamper developments in the care of the child with handicaps in some areas but there is a steady movement towards more selective methods of examination of school children and re-orientation of duties to allow more time for the investigation of the various types of handicap. This has been helped by an increase in recruitment of psychologists during the year.

The Child Guidance Service suffered a loss in December, 1968 when Dr. Muriel Blackburn resigned on emigration to New Zealand. Dr. Blackburn joined the staff as a senior medical officer in psychiatry in January, 1967 and her personality and interest in the work has been much appreciated. A successor has been appointed. It was possible to open a new child guidance clinic at Brighthouse in October following the appointment of Dr. Read who is devoting one day a week to these duties.

Reference has been made elsewhere to the death of Dr. Harvey. His visits to Ingleborough Hall and Netherside Hall Schools for the delicate were much appreciated by all concerned. Negotiations are proceeding in an endeavour to continue to provide consultant paediatric supervision for the schools.

I wish to express my appreciation of the co-operation of all concerned in the care of the school child and to welcome the extension of the team spirit amongst the various professions involved.

Care of Handicapped Children:

The need for early recognition of handicaps has been stressed in previous reports. Handicaps likely to affect the child's future education and well-being need to be known well before the child commences school. Information on children handicapped from birth is becoming more freely available from the birth notification or following the health visitor's first visit. The routine procedure now adopted for screening the hearing of infants between the ages of 6-8 months with subsequent follow-up also brings to light further conditions. Periodic developmental assessments of infants as recommended in the Sheldon Report and now being carried out in several areas will reveal those children whose 'milestones' are achieved at a slower rate than those of the average child.

Early recognition should be followed by treatment where the condition is amenable to medical or surgical intervention together with guidance for the parent and child so that much can be achieved before the entry into school.

Whilst every child should be educated within the normal school regime whenever possible a proportion of children will require special education to meet their needs. Profoundly deaf and blind children require educational methods which can only be obtained in special schools. The severely physically handicapped may not be able to cope with ordinary school life though a proportion might be able to do so with adaptations to doors, toilets, etc. and the provision

of ramps. All these possibilities are being explored but a recent report of H.M. Inspectors on a survey of the area suggests that additional provision is probably required on a regional basis for the severely handicapped child particularly as a result of the increasing survivors with the condition spina bifida cystica with paresis of the lower limbs, bladder, and rectum.

Each year sees the opening of further day schools for the educationally subnormal pupils although the needs in some areas will not be met for another four or five years. The provision of further remedial centres for children of junior school age will give great help to children who though not in the category suitable for schools for the educationally subnormal, are falling behind in the ordinary school because of specific physical or emotional problems.

The continued development of the Child Guidance Service brings its own problems and many more children are being referred as maladjusted for whom it is difficult to provide suitable special education. The need for more places is well known and efforts are being made to provide more facilities as soon as possible.

It is interesting to compare the figures of children formally assessed as handicapped in the various categories in 1968 and 1958.

| | | | | New Cases | Review of Cases | Total Children |
|------|-----|-----|-----|-----------|-----------------|----------------|
| 1968 | ... | ... | ... | 1,106 | 1,560 | 2,666 |
| 1958 | ... | ... | ... | 649 | 878 | 1,527 |

This indicates the increasing attention being given to the needs of the handicapped child.

Particular increases in new cases referred are in the categories 'Partial Hearing', 'Educationally Subnormal' and 'Maladjusted'. The increases reflect a greater awareness on the part of the teachers and medical staff of the need to bring forward these children and are not an increase in true incidence of the conditions. More special educational facilities are also available. The number of physically handicapped children referred as new cases has decreased to one third over the period. This is mainly due to the rarity of paralytic poliomyelitis as a result of vaccination and the virtual disappearance of tubercular orthopaedic conditions.

The Child with Impaired Hearing in the Ordinary School:

Routine screening of hearing by the nursing staff is carried out during the infant school period using portable audiometers. Children found to have a significant hearing loss are referred for further investigation. If a child is found to have a loss of 30 decibels or more in both ears which cannot be remedied by treatment, details are submitted to the central office so that the Education Department can be made aware of the problem. In addition the child's teacher is informed. A number of the children require the use of hearing aids. The level of 30 decibels hearing loss bilaterally means that the child will hear a normally

spoken voice as a whisper and this presents a real handicap educationally. On 31st December, 685 children in the West Riding were known to be in this category—178 of them having hearing aids. These figures are probably incomplete.

One of the functions of a peripatetic teacher of the deaf is to visit these children in the school situation and assess the degree of educational handicap in various ways including speech audiometry, vocabulary and other tests. Following the initial assessment a decision can be made on ways in which the child needs help. Some need individual auditory training; others may be referred for the possible provision of a hearing aid; parents, teachers and children may need guidance on the use of the aids and teaching programmes can be made out in conjunction with the class teacher. During school visits further cases of suspected hearing loss may be brought forward for investigation. A number of children may need detailed psychological tests to assess their real intellectual level—these are referred to the psychologists. The peripatetic teacher of the deaf is a vital member of the team if comprehensive assessments of hearing disability are to be carried out.

I am indebted to Mrs. P. Faunt and Mr. W. Jenkinson for supplying figures of the work carried out during the year.

In the Harrogate/Otley areas Mrs. Faunt's case load receiving active help at the end of the year was as follows:

(the figures in parentheses indicate children with hearing aids)

| | | | | | | | |
|------------------------|-----|-----|-----|-----|-----|----|------|
| Pre-school children... | ... | ... | ... | ... | ... | 9 | (5) |
| Infants' schools | ... | ... | ... | ... | ... | 5 | (1) |
| Junior schools | ... | ... | ... | ... | ... | 25 | (13) |
| Secondary schools | ... | ... | ... | ... | ... | 23 | (18) |
| Special schools | ... | ... | ... | ... | ... | 3 | (2) |

Other children were under investigation or had been seen and considered not to require further help.

In the Don Valley area Mr. Jenkinson reports as follows:

| | | | | | | |
|--|-----|-----|-----|-----|-----|------------------------------------|
| Number of schools visited... | ... | ... | ... | ... | 41 | (50% of the total in the Division) |
| No. of children seen | ... | ... | ... | ... | 287 | |
| No. of children requiring no further investigation or help | | | | | 84 | |
| No. of children with hearing aids... | ... | ... | ... | | 38 | |
| Number of children awaiting aids | ... | ... | ... | | 5 | |
| Number of children who have received auditory training during the year | ... | ... | ... | ... | 30 | |
| Admitted to the Yorkshire School for the Deaf, Doncaster | ... | ... | ... | ... | 1 | |

The figures only give part of the multiple facets of the help being given.

Teachers have welcomed the new service most readily and are co-operating in the use of speech trainers when these can be left at the school in-between the visits of the peripatetic teacher.

The Maladjusted Child:

THE CHILD GUIDANCE SERVICE:

Whilst most of the child guidance clinics are staffed by consultant psychiatrists, seconded from the Regional Hospital Board, or senior medical officers in psychiatry, two clinics: Keighley and Skipton, are under the control of experienced senior departmental medical officers who have attended post-graduate courses on the emotional problems of childhood. In addition a number of departmental medical officers with a particular interest in this sphere attend the clinics and carry out some of the interviews. One medical officer is attending a local psychiatric hospital for a session weekly to gain further experience.

One of the aims of the in-service training course for medical officers is to give them more insight into the emotional problems of childhood in order that they can take a more active part in the early recognition of emotional difficulties.

THE WORK OF THE PSYCHIATRISTS:

One criticism which has been made in the past is that there was lack of contact between the personnel of the child guidance clinics and the schools and other services. This is mainly due to the shortage of personnel which is general throughout the country. Efforts have been made to bridge the gap as far as possible. Dr. Orme reports that closer links have been developed in his area particularly with the Children's Department and case work seminars have been held at various clinics. Dr. Gore, in the Harrogate area, is developing a closer liaison with the Health Visitors particularly with a view to studying the minor problems which the mothers may be having with their babies and toddlers. Students in training for psychiatric work are attached to the Harrogate Clinic and other groups of workers have also visited the centre. Dr. Hopkirk has also arranged for closer liaison between the psychiatric social workers and the health visitors in the Woodlands, Armthorpe and Maltby areas. The psychologist is making more direct contact with the schools and regular meetings of the Child Guidance team with the staffs of two large schools have been instituted. Dr. Maxwell arranges talks to local groups in her area on subjects relevant to the work of the clinics. Discussions of this type should help other professions to a clearer understanding of the help which can be given and should stimulate earlier reference of children with emotional problems.

Shortage of staff leads to heavy pressure at some clinics as Dr. Orme particularly mentions in regard to Swinton and Barnsley where the time between referral and the first appointment is unfortunately prolonged, Dr. Maxwell, however, reports a considerable improvement at the Mirfield Clinic since the opening of the Brighouse Child Guidance Clinic as a number of cases were referred there—as a result new cases can be seen at Mirfield without delay. The situation is not so satisfactory at Morley.

At the Harrogate and Swinton Clinics a whole-time teacher is a member of the team and the remedial help given is invaluable. Accommodation is not available at other centres for similar provision but some teaching is given by psychologists with teaching experience—both Mr. Mannix and Mr. Monaghan having been teachers for several years.

THE WORK OF THE PSYCHOLOGISTS:

During the year several new appointments were made.

While the increase in staff is very gratifying, the establishment of psychologists in the Riding is still below the national average, and is also below that recommended fourteen years ago by the Underwood Report. According to the information given in the recently published Summerfield Report on Psychologists in Education Services, we compare unfavourably with other authorities of similar size. This Report recommends that a realistic objective should be one psychologist to 10,000 school children. Our ratio in the Riding during 1968 was one to more than 40,000.

Priorities have therefore to be observed in our work. The first priority is our contribution to the team work of the child guidance clinics, mainly for clinical diagnostic purposes; but we have all in various ways helped in therapeutic aspects of child guidance. The inter-disciplinary approach of the Child Guidance Service is a necessary basis for our work, and especially important for newly appointed staff. As the clinics are also increasingly serving a training purpose, for social workers and also for teachers on special courses, our full participation is essential.

We have the additional responsibility of fostering liaison between the clinics and the schools, mainly through school visits. This is often difficult to maintain, but we are extending this side of our work all the time, and will be in a better position to extend it further next year.

The ascertainment of handicapped children is involving us increasingly. We saw for assessment purposes almost as many handicapped as maladjusted children, and many of these were pre-school children. This work is of high priority, some of it calling for the development of special interests among the psychologists, which membership of larger teams encourages. In future, it should be followed by psychologists becoming more involved in assessment procedures over extended periods of time and in techniques of remediation.

Work Undertaken:

We have continued to give figures separately for maladjusted and handicapped children, the former having been seen as part of the child guidance team approach and the latter principally for psychological assessment and educational guidance. As complete records were not kept in one area, available figures for children seen, and for visits to schools and other establishments, are less than the true totals.

Figures are available for a total of 1,146 children seen for psychological examination during the year.

Maladjusted Children:

The reported total number of maladjusted children given psychological examinations in child guidance clinics was 578.

The majority of children referred to clinics have been seen by the psychologists. Information is given in the statistical tables regarding the distribution by sex, age, and major symptom categories. Although intelligence assessment may be an important part of the diagnostic procedure with individual children, we have omitted detailed analysis of ability ranges from the report this year. Children seen as maladjusted extended over the complete ability range, from a few severely subnormal children, to a few children who could be described as gifted.

The figures show the usual excess of boys to girls: there were 405 boys and 173 girls. The average age for referral of girls tends to be a bit higher than that for boys. Most children are referred in middle and late childhood, 43 per cent. being over the age of 11 years when first seen in the clinics, and there were relatively very few, 2·4 per cent., pre-school children. Twenty per cent. were of infant school age. The proportions are about the same as those reported the previous year. All child guidance workers would like to see children referred earlier. Reference to clinics is too often a last resort; and it appears justifiable to comment that there is a need for more preventive work which may involve more integration with other services, especially the primary schools.

Symptoms on referral are given according to the suggested classification of the Underwood Report. Problems of behaviour, of various kinds, constitute the major reason for referring children to the clinics, 65 per cent. of the children coming into this category. The proportion remains about the same from year to year. The incidence of behaviour problems is higher in boys (67·5 per cent.) than it is in girls (60 per cent.). Nervous conditions account for 23 per cent. of the total, and are more frequently encountered in girls (30 per cent.) than in boys (20 per cent.). Habit disorders account for about 9 per cent. and other conditions, including organic conditions and childhood psychosis, for just over 2 per cent.

The information on sources of referral of maladjusted children reflects the administrative situation of the child guidance clinics in the school health service. Fifty per cent. of the children were referred by school medical officers. About sixteen per cent. were referred directly by family doctors, and about the same proportion by head teachers. As the principle of 'open referral' is upheld parents can approach clinics directly, and nineteen did so. There were significantly fewer referrals from probation officers this year. The question of the use made of the clinic services is a complex one which available figures are inadequate to elucidate; but our figures show the majority of referrals to come through medical sources.

School Contacts:

Unless parents specifically object, as they may occasionally do, schools should be approached for reports and visited whenever possible, as the treatment of maladjustment involves the school as well as the clinic, and there should be a working partnership. The number of recorded school visits by psychologists was 431, but, as mentioned earlier, this is lower than the true figure as not all visits were recorded. There were also numerous contacts with schools by telephone and visits of head teachers and school staff to some of the clinics. A satisfactory coverage of this area is not yet being met, the reason being staff shortage and other demands which have to take priority.

Handicapped Children:

The assessment and guidance of handicapped children is a very large undertaking. We see those children, in growing numbers, in whose case psychological testing of a specialised type is really essential.

We saw 568 handicapped children during the year, the largest category being children who were classified as generally backward, but this would include a wide range of other associated handicaps. Of those with specific handicaps, children with learning difficulties formed the majority, followed by children with hearing loss. In all categories, the proportion of boys exceeded that of girls, but most strikingly so in the area of specific learning difficulties, particularly in reading.

Quite a high proportion of these children were seen at pre-school age, and demands for pre-school assessment are likely to grow. Special interest has continued to be taken in the assessment of deaf children and of children with visual motor and co-ordination difficulties.

The information on sources of referral of handicapped children shows our close association with the school medical officers, who referred 60 per cent. of the children to us. Head teachers, mainly of special schools to which we have regular attachments, referred 88 children, about 16 per cent. of the total. Health visitors, speech therapists, family doctors, pædiatricians, and parents themselves referred a number of children.

Learning Difficulties:

Learning difficulties in school form a common ground between maladjusted and handicapped children, and as the assessment on such difficulties takes up a good deal of our time, and constitutes one of our major contributions to interdisciplinary work, special comment on this is called for.

Many maladjusted children are at risk of falling well behind in their school work, this adds to their adjustment difficulties, and remedial education must be part of their treatment. Our experience is that over 20 per cent. of children referred for child guidance have become significantly retarded, and are backward

for their age, in educational attainment, particularly in reading. It might therefore be considered as an item of future policy that, with current referral rates and the present age distribution, we should consider the need for remedial help for up to a quarter of maladjusted children seen in the child guidance clinics. Some support is given to this from the epidemiological studies of childhood handicaps in the Isle of Wight, it being reported, for example, by Yule and Rutter, that, of maladjusted children aged 9-11 years discovered in this survey, about 25 per cent. suffered from serious disability, in most cases associated with problems of behaviour.

We are fortunate at two of the clinics, Harrogate and Swinton, in having the services of a full-time remedial teacher, and this service is proving to be invaluable for educationally retarded maladjusted children, some of whom might otherwise need to be considered for boarding special schooling. Already, however, waiting lists are building up at these clinics of children urgently needing this help, and some are having to wait as long as six months before remedial work can be started.

Detailed records of disabled readers were kept by three of the psychologists during the year. These were children seriously backward in reading for their age, well recognised to be so in their schools, and whose reading attainment fell well below their ability and attainment in other directions. They accounted for just over 21 per cent. of all the children seen, and the proportions were 126 boys to 23 girls. As all surveys of reading disability have shown, boys are much more vulnerable to reading disability than girls. The average ages of this group of disabled readers were 9·8 years for boys and 11·4 for girls; average I.Q.'s were 91·9 for boys and 87·2 for girls; and average reading quotients were 65·4 for boys and 64·3 for girls.

As there is a close relationship between disability in reading and the risk of emotional disturbance, we feel that the early detection of such children is a matter requiring careful consideration. Factors in the child and his environment which may contribute to learning difficulties in school are often the same as those to which maladjustment may be attributed.

To detect such children on entry to school would call for a considerable investment of time, as individual examination is required. It is becoming feasible, however, for psychologists to help in the screening of children at risk of educational handicap at the age of seven years, when group procedures can be used in addition to the observations of teachers who have known the children for some time. A scheme of this type, involving group assessment of final year infant school children selected by head teachers, supplemented by individual attainment testing, and involving the collaboration of the schools, the remedial centre, the psychologists at the local child guidance clinic, and the school medical officers, is under consideration and will probably be instituted in one area early next year. It is hoped that the screening procedure may indicate children who

are failing in school for a variety of reasons, and that it may help to indicate ways in which they may best be helped, either in the schools, by special educational treatment, or in other ways. Such work calls for the active interest and co-operation of various professions, and cannot be the exclusive concern of any single one.

The Severely Subnormal:

Many of the handicapped children we have seen have been most suitably placed in training centres, and some unacceptable by the ordinary schools at the age of 5 years, have benefited sufficiently in training centres to be able to return to the educational system somewhat later.

Psychological assistance in the training centres has been under consideration for several years, but with available staff, and other developments, could hardly be on the 'priority' list. The appointment of Mr. Atkinson with his experience in the field of vocational psychology, led to the suggestion, that he be invited to spend a small proportion of his time in helping with selection and related problems at the West Ardsley Hostel for the subnormal, and later at the hostel for psychiatric after-care patients.

Concluding Remarks:

We have outlined in this report the principal areas of our work and the necessary priorities with present establishment. The range and type of work undertaken by psychologists in local authority employment varies over the country as a whole, local needs, available staff, and administrative arrangements determining this. Our work has been developing in some ways in accordance with the suggestions of the Summerfield Report, particularly regarding our base in interdisciplinary team work. Our work with handicapped children, and with pre-school children has extended. The building up of a larger team has permitted some degree of specialisation, particularly in connection with deaf children; and, in time, this could extend to other areas of handicap. Within the general structure of the service, we have increased our work in the schools, the special schools, and our relationships with remedial educational services.

Minor Ailment Clinics:

The number of children treated for minor ailments continues to decline. One thousand, seven hundred and seventy-five children were seen; in 1967, 2,968.

Medical Examination of Entrants to Training Colleges:

In connection with their applications for entry to Training Colleges, 2,100 students were medically examined by the departmental medical officers, compared with 1,920 for the year 1967 and 1,844 for the year 1966.

Children and Young Persons Act, 1933, Employment of Children:

Under the Authority's bye-laws relating to the employment of children, 777 children were examined by the Departmental Medical Officers to determine their fitness for employment. The figures include children taking part in entertainments. Five children were found to be unfit.

Examinations may be selective for those children known from previous medical examinations or from information given by headteachers to have had some previous defect.

Consultant Cardiac Clinic:

Dr. Hepple reports as follows on the Cardiac Clinic at Harrogate:

“At the beginning of the year Dr. P. C. N. Clarke replaced Dr. L. J. Prosser who has retired.

Thirty-three sessions of the clinic were held when 143 children made 177 attendances. Of these eight were new cases comprising five from the Harrogate area, two from the Wetherby area and one from Horsforth. No special clinics were held during the year at the Harrogate hospital but six children needing further investigation were referred to Dr. Olive Scott at Killingbeck Hospital, Leeds.

Twenty-two children over school age were transferred to Dr. Suffern's Adult Clinic at the Harrogate Hospital, 12 children were referred back to the care of their family doctor.”

THE SCHOOL DENTAL SERVICE

Staff:

On 31st December the full-time dental staff in post and the authorised establishment were as follows:

| | Staff | Authorised Establishment |
|-------------------------------------|-------|--------------------------|
| Chief Dental Officer | 1 | 1 |
| County Orthodontist | 1 | 1 |
| Dental Specialist | 1 | 1 |
| Senior Clinical Dental Officers ... | 4 | 5 |
| Area and Senior Dental Officers ... | 16 | 18 |
| Dental Officers | 24 | 43 |
| Dental Auxiliaries | 6 | 10 |

In addition there were 7 part-time dental officers contributing the equivalent of 2.0 dental officers.

This is the sixth successive year in which an overall reduction in staff is reported. It would seem that higher remuneration to be had in general practice is still the greater attraction for newly qualified dental surgeons, this being the second year in succession without an application from graduates of the Leeds Dental School. In spite of this continuing loss of staff, it has still been possible to maintain a service at all clinics, though at some the service has, of necessity, been limited.

In the last Annual Report, comment was made on the strict supervision required by the General Dental Council for dental auxiliaries. At present, dental auxiliaries can work only when a dental officer is actually on the premises. This means that if the supervising dental officer is absent through illness, not only the dental officer's appointments but also those of the auxiliary have to be cancelled and the work in that clinic comes virtually to a halt. A relaxation of this supervision is to take place from September, 1969, when, at the discretion of the Chief Dental Officer, auxiliaries may be permitted to carry out prescribed dental treatment unsupervised. This should greatly increase the value of dental auxiliaries and reduce the degree of organisation required.

A series of lectures on public dentistry was given by the Chief Dental Officer at the Leeds Dental School and a party of senior dental students was taken to the Brighouse Health Centre, where displays and demonstrations of the work of the dental service were arranged. Interest shown by these students, who have their qualifying examinations early in 1969, was very considerable and there is every indication that we shall recruit staff from this source in the coming year.

Clinics and Equipment:

Dual-surgery, purpose-built dental wings in health centres at Ilkley and Holmfirth replace the old and inadequate dental accommodation at Ilkley and Honley. The Ilkley clinic has been in operation since 11th October, 1968, and the Holmfirth clinic from the 23rd December, 1968. These clinics have been furnished with the latest equipment, including fully adjustable units, cuspirators and air-operated chairs.

Inspection and Treatment:

Two thousand, three hundred and four fewer children were inspected and 695 fewer treated this year compared with last. Predictably, with a continued reduction in staff, the number of emergencies rose by approximately ten per cent. from 3,559 to 3,944. It is, however, worthy of note that the overall output of work per session is again well maintained.

Mr. Allen, the Senior Clinical Dental Officer supervising conservation under general anæsthesia, reports good progress in this field and in the treatment of patients from training centres in this manner; it is hoped gradually to expand this service in that direction.

Health Education:

Under the supervision of Mr. Metcalfe, the Area Dental Officer in charge of dental health education, campaigns were held in the Morley, Honley, Holmfirth, Cleckheaton, Elland and Mirfield areas, in the course of which instruction and advice were given to about 18,000 children in the care of their teeth. Talks by invitation were also given to playgroups, parent-teacher associations and a mothers' club.

A dental health exhibition was staged at the Festival of Arts and Sciences, held at Harrogate during August, which attracted considerable interest. As a result of this display a broadcast was recorded on dental health and subsequently included in a radio programme which has a very wide teenage audience.

Biting Remarks, a booklet on dental health written by Mr. Metcalfe, was published this year and following a favourable review in the *British Dental Journal* requests for copies have been received from other Local Authority dental services and general dental practitioners both in this country and abroad. It has also proved popular with teachers who make use of it as a follow up to a health campaign in their schools.

Additionally, an article entitled "Dental Health Education in the West Riding of Yorkshire" was published in an issue of *Dental Health* and a further article on Dental Health for Pre-School Children has been accepted for *Contact*, a publication for the teachers and parents of children attending playgroups.

Epidemiology:

This Authority was approached once again by the Department of Education and Science to take part in the quinquennial investigation into the incidence of caries in the teeth of five and twelve-year-old children. This is a national survey and six other Authorities also take part. The West Riding findings show that on average each five-year-old has 4.5 teeth affected by decay as compared with 5 teeth in the last survey in 1963, and the twelve-year-old children an average of 6.3 teeth affected by decay as compared with 6.1 in 1963.

Fluoridation of the public water supply is the one simple health measure which would effectively reduce this attack by decay by at least fifty per cent. and it is pleasing to record that fluoridation of the supply in part of the Horsforth Division is to take place early next year.

Orthodontics:

Report of Mr. Thompson, County Orthodontist:

"The scheme originated in 1967, whereby all dental officers submitted study models, radiographs and a proposed treatment plan to me before commencing any orthodontic treatment, has proved very successful and will be continued. The clinics where orthodontic treatment is carried out are visited twice a year, and in this way specialist supervision is provided for each case, and advice given where necessary.

As orthodontics is chiefly a post-graduate subject, the scheme is particularly welcomed by young and newly qualified dental officers, who have expressed their appreciation of the advice given. Ideally all orthodontic treatment should be provided by specialists, but until such time as this is possible I feel that by spending more of my time on diagnosis and supervision, maximum orthodontic cover is being provided for West Riding children.

One thousand, three hundred and fifty-four new cases were commenced and 3,914 cases carried forward from 1967, making a total of 5,268 cases under treatment. 2,568 appliances were fitted during the course of treatment and 1,225 cases completed during the year.

A great improvement occurred in the orthodontic surgery in Wakefield which was modernised, and the old equipment replaced with the latest dental chairs and operating lights. A demonstration was given for the third successive year at the annual meeting of the Sheffield and District Orthodontic Study Circle.

Finally, I wish to express my appreciation of the excellent appliances made by the laboratory technicians, who continued to maintain the high standards of previous years."

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Table 1 Summary of Principal Vital Statistics, 1890—1968

| Year | Live Birth Rate | Stillbirths per 1,000 total births | Death Rates | | | | | | | |
|-----------|-----------------|------------------------------------|-------------|----------------------------------|---------------------------|---------------------------|-----------------------|--------|---|------------------|
| | | | All Causes | Infective and Parasitic Diseases | Tuberculosis, Respiratory | Tuberculosis, Other Forms | *Respiratory Diseases | Cancer | Maternal Mortality per 1,000 total births | Infant Mortality |
| 1890-1909 | 28.9 | † | 16.7 | 1.89 | 1.19 | 0.52‡ | 3.20 | 0.77‡ | † | 147 |
| 1910-1919 | 22.5 | † | 14.5 | 1.26 | 0.84 | 0.41 | 2.58 | 0.98 | † | 112 |
| 1920-1929 | 20.2 | † | 12.4 | 0.56 | 0.68 | 0.25 | 2.08 | 1.20 | † | 82 |
| 1930-1939 | 15.5 | 46 | 12.1 | 0.30 | 0.48 | 0.13 | 1.24 | 1.46 | 4.70 | 62 |
| 1940-1949 | 18.1 | 31 | 12.2 | 0.16 | 0.39 | 0.09 | 1.43 | 1.73 | 1.95 | 47 |
| 1950-1954 | 15.7 | 25 | 11.9 | 0.09 | 0.19 | 0.03 | 1.23 | 1.89 | 0.82 | 31 |
| 1955-1956 | 15.3 | 26 | 11.7 | 0.07 | 0.11 | 0.01 | 1.17 | 1.90 | 0.67 | 26 |
| 1957-1958 | 16.4 | 23 | 11.8 | 0.07 | 0.11 | 0.02 | 1.22 | 1.89 | 0.52 | 27 |
| 1959-1960 | 16.6 | 24 | 11.7 | 0.07 | 0.08 | 0.01 | 1.22 | 1.87 | 0.51 | 26 |
| 1961-1962 | 16.7 | 23 | 11.9 | 0.05 | 0.09 | 0.01 | 1.29 | 1.97 | 0.43 | 24 |
| 1963-1964 | 16.5 | 20 | 11.6 | 0.04 | 0.07 | 0.01 | 1.26 | 1.99 | 0.36 | 24 |
| 1965-1966 | 16.9 | 22 | 11.5 | 0.06 | 0.06 | 0.01 | 1.15 | 1.98 | 0.73 | 22 |
| 1967-1968 | 17.2 | 20 | 12.1 | 0.05 | 0.06 | 0.00 | 1.44 | 1.98 | 0.27 | 25 |
| | 17.8 | 18 | 12.0 | 0.04 | 0.05 | 0.01 | 1.47 | 2.00 | 0.20 | 23 |
| | 18.2 | 19 | 12.0 | 0.04 | 0.06 | 0.01 | 1.52 | 1.94 | 0.45 | 23 |
| | 18.5 | 18 | 11.5 | 0.04 | 0.05 | 0.00 | 1.35 | 2.02 | 0.40 | 22 |
| | 18.2 | 16 | 11.6 | 0.04 | 0.04 | 0.00 | 1.28 | 2.07 | 0.16 | 21 |
| | 18.0 | 14 | 12.1 | 0.03 | 0.05 | 0.00 | 1.62 | 2.00 | 0.25 | 20 |
| | 18.0 | 15 | 11.2 | 0.03 | 0.03 | 0.00 | 1.29 | 2.08 | 0.22 | 19 |
| | 17.6 | 14 | 11.6 | 0.04 | 0.03 | 0.01 | 1.60 | 2.14 | 0.09 | 18 |

* Combined death rate from bronchitis, pneumonia and other respiratory diseases excluding tuberculosis and influenza.

† Figures not available.

‡ This rate is for the 10 years 1900-1909.

Table 2 Causes of Stillbirth

| Cause and I.C.D. number | Number of stillbirths | Rate per 1,000 total births |
|---|-----------------------|-----------------------------|
| Congenital anomalies (740-759) | 91 | 2·87 |
| Chronic and acute disease in mother (760, 761) | 17 | 0·54 |
| Maternal toxæmia and infection (762, 763) | 48 | 1·52 |
| Difficult labour (764-768) | 24 | 0·76 |
| Other complications of pregnancy and childbirth (769) ... | 51 | 1·61 |
| Conditions of placenta (770) | 80 | 2·53 |
| Conditions of umbilical cord (771) | 32 | 1·01 |
| Birth injury (772) | 2 | 0·06 |
| Hæmolytic disease of newborn (774, 775) | 17 | 0·54 |
| Anoxic and hypoxic conditions NEC (776) | 30 | 0·95 |
| Immaturity unqualified (777) | 11 | 0·35 |
| Other conditions of fœtus or newborn (778) | 4 | 0·13 |
| Fœtal death of unknown cause (779)... .. | 47 | 1·48 |
| All causes (740-779) | 454 | 14·33 |

Table 3 Perinatal Mortality, 1958-68

| | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 |
|---|------|------|------|------|------|------|------|------|------|------|------|
| Perinatal mortality (per 1,000 total births) | 36·7 | 33·7 | 35·9 | 34·2 | 31·5 | 31·1 | 30·0 | 27·3 | 25·1 | 26·1 | 25·0 |
| Infant deaths at 1 week and over (per 1,000 total births) | 9·9 | 10·2 | 8·5 | 10·1 | 9·9 | 10·1 | 9·5 | 9·0 | 8·8 | 8·1 | 7·5 |

Table 4 Causes of Infant Mortality

| Ætiological Group | Cause of Death (and International Classification number) | Age at Death | | | | | | |
|---|---|-------------------|---------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|------------------------------------|--------------------------|
| | | Under 1 day | 1 day and under 1 week | 1 week and under 1 month | 1 month and under 3 months | 3 months and under 6 months | 6 months and under 1 year | Total under 1 year |
| ALL CAUSES | All causes | 199 | 139 | 41 | 76 | 75 | 47 | 577 |
| Prenatal and Natal Group (including congenital malformations) | Congenital malformations (740-759) | 35 | 19 | 15 | 22 | 15 | 12 | 118 |
| | Total causes mainly of prenatal and natal origin other than congenital malformations (760-778) | 162 | 99 | 6 | — | — | — | 267 |
| | Chronic and acute disease and infection in mother (760-763) | — | — | — | — | — | — | — |
| | Difficult labour (764-768) | 5 | 3 | — | — | — | — | 8 |
| | Other complications of pregnancy and childbirth (769-771) | 7 | 3 | — | — | — | — | 10 |
| | Birth injury (772) | 11 | 12 | 2 | — | — | — | 25 |
| | Hæmolytic disease of newborn (774-775) | 6 | 2 | — | — | — | — | 8 |
| | Anoxic and hypoxic conditions NEC (776) | 50 | 39 | 1 | — | — | — | 90 |
| | Immaturity, unqualified (777) | 81 | 33 | 3 | — | — | — | 117 |
| | Other conditions of fœtus or newborn (778) | 2 | 7 | — | — | — | — | 9 |
| Postnatal Group | Total causes mainly of postnatal origin | 1 | 19 | 15 | 47 | 53 | 34 | 169 |
| | Enteritis and other diarrhœal diseases (008, 009) | — | 2 | 1 | 4 | 12 | 4 | 23 |
| | Other infective and parasitic diseases (remainder 000-136) | — | — | — | 2 | — | 1 | 3 |
| | Meningitis (320) | — | 2 | 1 | — | 2 | 2 | 7 |
| | Influenza (470-474) | — | — | — | — | — | 1 | 1 |
| | Pneumonia and bronchitis (480-486, 490-492) | 1 | 13 | 11 | 30 | 26 | 19 | 100 |
| | Other diseases of the respiratory system (remainder 460-519) | — | 2 | 2 | 9 | 11 | 5 | 29 |
| | Accidental mechanical suffocation from vomit, food, foreign body, or in cot (E911-E913) | — | — | — | — | 1 | 2 | 3 |
| | Other violent causes (remainder E800-E999) | — | — | — | 2 | 1 | — | 3 |
| | Other remaining causes | 1 | 2 | 5 | 7 | 7 | 1 | 23 |

Table 5 Infant Mortality, 1901-68—Rates per 1,000 live births

| Period | Average Infant Mortality Rate | | Year | Infant Mortality Rate | |
|-----------|-------------------------------|-----------------------|------|-----------------------|-----------------------|
| | England and Wales | Administrative County | | England and Wales | Administrative County |
| 1901-1910 | 128 | 135 | 1961 | 21 | 25 |
| 1911-1920 | 100 | 109 | 1962 | 22 | 23 |
| 1921-1930 | 72 | 80 | 1963 | 21 | 23 |
| 1931-1940 | 59 | 61 | 1964 | 20 | 22 |
| 1941-1945 | 50 | 50 | 1965 | 19 | 21 |
| 1946-1950 | 36 | 40 | 1966 | 19 | 20 |
| 1951-1955 | 27 | 29 | 1967 | 18 | 19 |
| 1956-1960 | 23 | 25 | 1968 | 18 | 18 |

Table 6 Infant Mortality, 1964-68

| | Number of Deaths | | | | | Deaths per 1,000 Live Births | | | | |
|------------------------|------------------|------|------|------|------|------------------------------|------|------|------|------|
| | 1964 | 1965 | 1966 | 1967 | 1968 | 1964 | 1965 | 1966 | 1967 | 1968 |
| <i>Male Infants—</i> | | | | | | | | | | |
| Under 4 weeks ... | 281 | 255 | 226 | 237 | 233 | 17.4 | 15.6 | 14.2 | 14.5 | 14.5 |
| 4 weeks—3 months ... | 52 | 56 | 57 | 44 | 41 | 3.2 | 3.4 | 3.6 | 2.7 | 2.5 |
| 3—6 months ... | 37 | 39 | 36 | 42 | 41 | 2.3 | 2.4 | 2.3 | 2.6 | 2.5 |
| 6—12 months ... | 34 | 35 | 38 | 23 | 31 | 2.1 | 2.1 | 2.4 | 1.4 | 1.9 |
| Total under 1 year ... | 404 | 385 | 357 | 346 | 346 | 25.0 | 23.6 | 22.4 | 21.2 | 21.5 |
| <i>Female Infants—</i> | | | | | | | | | | |
| Under 4 weeks ... | 206 | 183 | 171 | 176 | 146 | 13.3 | 12.1 | 11.0 | 11.6 | 9.6 |
| 4 weeks—3 months ... | 32 | 34 | 25 | 40 | 35 | 2.1 | 2.2 | 1.6 | 2.6 | 2.3 |
| 3—6 months ... | 35 | 23 | 46 | 24 | 34 | 2.3 | 1.5 | 3.0 | 1.6 | 2.2 |
| 6—12 months ... | 27 | 27 | 24 | 21 | 16 | 1.7 | 1.8 | 1.5 | 1.4 | 1.1 |
| Total under 1 year ... | 300 | 267 | 266 | 261 | 231 | 19.4 | 17.6 | 17.1 | 17.2 | 15.3 |
| <i>All Infants—</i> | | | | | | | | | | |
| Under 4 weeks ... | 487 | 438 | 397 | 413 | 379 | 15.4 | 13.9 | 12.6 | 13.1 | 12.1 |
| 4 weeks—3 months ... | 84 | 90 | 82 | 84 | 76 | 2.7 | 2.9 | 2.6 | 2.7 | 2.4 |
| 3—6 months ... | 72 | 62 | 82 | 66 | 75 | 2.3 | 2.0 | 2.6 | 2.1 | 2.4 |
| 6—12 months ... | 61 | 62 | 62 | 44 | 47 | 1.9 | 2.0 | 2.0 | 1.4 | 1.5 |
| Total under 1 year ... | 704 | 652 | 623 | 607 | 577 | 22.2 | 20.7 | 19.8 | 19.2 | 18.5 |

Table 7 Neonatal Mortality, 1962-68

| | Number of Deaths | | | | | | | Deaths per 1,000 Live Births | | | | | | |
|---------------------|------------------|------|------|------|------|------|------|------------------------------|------|------|------|------|------|------|
| | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 |
| Under 1 day ... | 235 | 231 | 203 | 200 | 191 | 188 | 199 | 7.9 | 7.5 | 6.4 | 6.4 | 6.1 | 6.0 | 6.4 |
| 1—6 days ... | 160 | 159 | 196 | 163 | 152 | 161 | 139 | 5.4 | 5.2 | 6.2 | 5.2 | 4.8 | 5.1 | 4.5 |
| 1—4 weeks ... | 72 | 71 | 88 | 75 | 54 | 64 | 41 | 2.4 | 2.3 | 2.8 | 2.4 | 1.7 | 2.0 | 1.3 |
| Total under 4 weeks | 467 | 461 | 487 | 438 | 397 | 413 | 379 | 15.7 | 15.0 | 15.4 | 13.9 | 12.6 | 13.1 | 12.1 |

Table 8 Percentage contribution of the five principal cause groups of death to all causes, 1964—68

| Cause Group | | | | | 1964 | 1965 | 1966 | 1967 | 1968 |
|--|-----|-----|-----|-----|------|------|------|------|------|
| Circulatory diseases except cerebro-vascular disease ... | ... | ... | ... | ... | 37.9 | 38.5 | 37.1 | 37.9 | 37.3 |
| Malignant neoplasms ... | ... | ... | ... | ... | 17.5 | 17.8 | 16.6 | 18.6 | 18.4 |
| Cerebrovascular disease ... | ... | ... | ... | ... | 15.1 | 15.6 | 15.5 | 15.4 | 15.2 |
| Diseases of respiratory system ... | ... | ... | ... | ... | 11.9 | 11.2 | 14.3 | 11.6 | 14.3 |
| Accidents, suicide and violence ... | ... | ... | ... | ... | 5.3 | 4.7 | 4.7 | 4.9 | 4.5 |
| TOTAL ... | ... | ... | ... | ... | 87.6 | 87.7 | 88.1 | 88.4 | 89.7 |

Table 9 Principal Causes of Death, 1968

| Cause of death | | Age at death | | | | | | | | | | 75 and over | Total |
|----------------|---|---------------|------------------------|---------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------|-------|
| | | Under 4 weeks | 4 weeks & under 1 year | 1 and under 5 | 5 and under 15 | 15 and under 25 | 25 and under 35 | 35 and under 45 | 45 and under 55 | 55 and under 65 | 65 and under 75 | | |
| B. 1 | Cholera ... | — | — | — | — | — | — | — | — | — | — | — | — |
| B. 2 | Typhoid fever ... | — | — | — | — | — | — | — | — | — | — | — | — |
| B. 3 | Bacillary dysentery and amebiasis ... | — | — | 1 | — | — | — | — | — | — | — | — | 1 |
| B. 4 | Enteritis and other diarrheal diseases... | 3 | 20 | 3 | 3 | — | — | — | — | 1 | 1 | 4 | 35 |
| B. 5 | Tuberculosis of respiratory system ... | — | — | — | — | — | 2 | — | 4 | 16 | 18 | 15 | 58 |
| B. 6 | Other tuberculosis including late effects | — | — | — | — | — | — | 2 | 4 | 4 | 12 | 2 | 24 |
| B. 7 | Plague ... | — | — | — | — | — | — | — | — | — | — | — | — |
| B. 8 | Diphtheria ... | — | — | — | — | — | — | — | — | — | — | — | — |
| B. 9 | Whooping cough ... | — | — | — | — | — | — | — | — | — | — | — | — |
| B. 10 | Streptococcal sore throat and scarlet fever ... | — | — | — | — | — | — | — | — | — | — | — | — |
| B. 11 | Meningococcal infection ... | — | — | 1 | 1 | — | — | — | — | — | — | — | 1 |
| B. 12 | Acute poliomyelitis ... | — | — | — | — | — | — | — | — | — | — | — | 1 |
| B. 13 | Smallpox ... | — | — | — | — | — | — | — | — | — | — | — | — |
| B. 14 | Measles ... | — | — | 2 | 1 | — | — | — | — | — | — | — | — |
| B. 15 | Typhus and other rickettsioses... | — | — | — | — | — | — | — | — | — | — | — | 3 |
| B. 16 | Malaria ... | — | — | — | — | — | — | — | — | — | — | — | — |
| B. 17 | Syphilis and its sequelae ... | — | — | — | — | — | — | — | — | — | — | — | — |
| B. 18 | All other infective and parasitic diseases | — | 3 | 1 | 1 | 1 | — | — | — | — | 2 | — | 2 |
| | Total—Infective and Parasitic Diseases excluding Tuberculosis ... | 3 | 23 | 8 | 6 | 1 | — | 5 | 3 | 7 | 6 | 5 | 32 |
| B. 19(1) | Malignant neoplasm, stomach ... | — | — | — | — | — | — | — | — | — | — | — | 75 |
| B. 19(2) | Malignant neoplasm, lung, bronchus ... | — | — | — | — | 1 | — | 14 | 38 | 83 | 181 | 150 | 466 |
| B. 19(3) | Malignant neoplasm, breast ... | — | — | — | — | — | 3 | 17 | 104 | 291 | 312 | 126 | 854 |
| B. 19(4) | Malignant neoplasm, uterus ... | — | — | — | — | — | 4 | 17 | 69 | 93 | 79 | 87 | 349 |
| B. 19(5) | Leukemia ... | — | 1 | 8 | — | — | 2 | 11 | 31 | 36 | 39 | 32 | 151 |
| B. 19(6) | Other malignant neoplasms ... | — | — | 4 | 6 | 5 | 5 | 7 | 16 | 33 | 28 | 14 | 123 |
| B. 20 | Total—Malignant Neoplasms | — | 1 | 12 | 14 | 17 | 27 | 68 | 181 | 381 | 623 | 549 | 1,858 |
| | Benign neoplasms and neoplasms of unspecified nature ... | — | — | — | — | 23 | 41 | 134 | 439 | 917 | 1,262 | 958 | 3,801 |
| B. 21 | Diabetes mellitus ... | — | — | 1 | 3 | 3 | — | 7 | 8 | 11 | 9 | 9 | 51 |
| B. 22 | Avitaminoses and other nutritional deficiency ... | — | — | 1 | 1 | — | — | 2 | 7 | 26 | 56 | 62 | 155 |
| B. 46(1) | Other endocrine, nutritional and metabolic disorders ... | — | 1 | — | — | — | — | — | 3 | 2 | 1 | 4 | 11 |
| B. 23 | Anæmias... .. | 2 | 3 | — | 1 | — | 1 | — | 4 | 9 | 21 | 15 | 56 |
| B. 46(2) | Other diseases of blood and blood forming organs ... | — | — | — | 2 | 1 | — | — | — | 6 | 17 | 24 | 51 |
| B. 46(3) | Mental disorders ... | — | — | 1 | 1 | 1 | — | 3 | 2 | 1 | 3 | 1 | 13 |
| B. 24 | Meningitis ... | 3 | 4 | 2 | — | — | — | 1 | 2 | 8 | 6 | 21 | 38 |
| B. 46(4) | Other diseases of nervous system and sense organs ... | — | 3 | — | — | — | — | — | — | 5 | — | 3 | 17 |
| | | — | 3 | 2 | 6 | 9 | 9 | 15 | 23 | 34 | 43 | 63 | 207 |

Table 9 Principal Causes of Death, (continued)

| Cause of death | Age at death | | | | | | | | | | | Total | | |
|---|---------------|------------------------|---------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------|-------|---|--------|
| | Under 4 weeks | 4 weeks & under 1 year | 1 and under 5 | 5 and under 15 | 15 and under 25 | 25 and under 35 | 35 and under 45 | 45 and under 55 | 55 and under 65 | 65 and under 75 | 75 and over | | | |
| B. 25 Active rheumatic fever ... | — | — | — | — | — | — | — | — | — | — | — | — | — | 238 |
| B. 26 Chronic rheumatic heart disease ... | — | — | — | — | — | — | — | — | — | — | — | — | — | 421 |
| B. 27 Hypertensive disease ... | — | — | — | — | — | — | — | — | — | — | — | — | — | 5,135 |
| B. 28 Ischaemic heart disease ... | — | — | — | — | — | — | — | — | — | — | — | — | — | 1,073 |
| B. 29 Other forms of heart disease ... | — | — | — | — | — | — | — | — | — | — | — | — | — | 3,126 |
| B. 30 Cerebrovascular disease ... | — | — | — | — | — | — | — | — | — | — | — | — | — | 830 |
| B. 46(5) Other diseases of the circulatory system | — | — | — | — | — | — | — | — | — | — | — | — | — | 10,823 |
| B. 31 Total—Diseases of the Circulatory System | — | 2 | — | 2 | 6 | 28 | 178 | 542 | 1,616 | 3,129 | 5,320 | — | — | 110 |
| B. 32 Influenza... | — | 1 | 1 | 1 | 1 | — | 2 | 4 | 4 | 32 | 64 | — | — | 1,259 |
| B. 33(1) Pneumonia ... | 24 | 73 | 12 | 3 | 8 | — | 12 | 20 | 82 | 286 | 738 | — | — | 1,267 |
| B. 33(2) Bronchitis, emphysema... | 1 | 2 | — | 1 | — | — | 7 | 62 | 270 | 466 | 458 | — | — | 51 |
| B. 46(6) Asthma ... | — | — | 3 | 2 | 2 | 4 | 4 | 6 | 9 | 15 | 6 | — | — | 254 |
| B. 46(6) Other diseases of the respiratory system | 4 | 25 | 6 | 2 | 1 | 2 | 2 | 12 | 35 | 73 | 92 | — | — | 2,941 |
| B. 34 Total—Diseases of the Respiratory System | 29 | 101 | 22 | 9 | 12 | 7 | 27 | 104 | 400 | 872 | 1,358 | — | — | 130 |
| B. 35 Peptic ulcer ... | — | — | — | — | — | — | 4 | 12 | 26 | 50 | 38 | — | — | 14 |
| B. 36 Appendicitis ... | — | — | — | — | — | — | — | 1 | 3 | 3 | 4 | — | — | 47 |
| B. 37 Intestinal obstruction, hernia ... | 3 | 1 | 1 | 3 | — | — | — | 2 | 4 | 13 | 22 | — | — | 46 |
| B. 37 Cirrhosis of liver ... | — | — | — | — | — | — | — | 5 | 8 | 19 | 9 | — | — | 167 |
| B. 46(7) Other diseases of digestive system | 1 | 2 | 1 | — | 1 | 2 | 2 | 9 | 30 | 44 | 70 | — | — | 106 |
| B. 38 Nephritis and nephrosis ... | — | 1 | 1 | 3 | 3 | 2 | 5 | 13 | 23 | 24 | 31 | — | — | 52 |
| B. 39 Hyperplasia of prostate ... | — | — | — | — | — | — | — | — | 2 | 17 | 33 | — | — | 151 |
| B. 46(8) Other diseases of genito-urinary system | 2 | — | — | 2 | — | — | 4 | 15 | 15 | 35 | 77 | — | — | — |
| B. 40 Abortion... | — | — | — | — | — | — | — | — | — | — | — | — | — | 3 |
| B. 41 Other complications of pregnancy, childbirth and puerperium ... | — | — | — | — | — | 2 | 1 | — | — | — | — | — | — | 6 |
| B. 46(9) Diseases of skin and subcutaneous tissue ... | — | — | — | — | — | — | — | — | — | — | — | — | — | 81 |
| B. 46(10) Diseases of the musculoskeletal system | — | 1 | — | — | — | — | — | 1 | — | 2 | 2 | — | — | 181 |
| B. 42 Congenital anomalies ... | 69 | 49 | 13 | 14 | 6 | 5 | 5 | 3 | 11 | 22 | 42 | — | — | 123 |
| B. 43 Birth injury, difficult labour, and other anoxic and hypoxic conditions ... | — | — | — | — | — | — | — | — | 6 | 4 | 7 | — | — | 144 |
| B. 44 Other causes of perinatal mortality ... | 123 | — | — | — | — | — | — | — | — | — | — | — | — | 126 |
| B. 45 Symptoms and ill-defined conditions... | 144 | — | — | — | — | — | — | — | — | — | — | — | — | 277 |
| BE. 47 Motor vehicle accidents ... | — | 2 | 13 | 28 | 65 | 22 | 18 | 33 | 34 | 31 | 119 | — | — | 389 |
| BE. 48 All other accidents ... | — | 3 | 14 | 16 | 21 | 22 | 26 | 24 | 32 | 47 | 184 | — | — | 177 |
| BE. 49 Suicide and self-inflicted injuries ... | — | — | — | — | 7 | 14 | 26 | 32 | 38 | 42 | 18 | — | — | 82 |
| BE. 50 All other external causes ... | — | 1 | 1 | 5 | 7 | 6 | 13 | 10 | 13 | 18 | 8 | — | — | 925 |
| Total—Accidents, Poisonings, Violence | — | 6 | 28 | 49 | 100 | 64 | 83 | 99 | 117 | 138 | 241 | — | — | — |
| Total—All Causes ... | 379 | 198 | 93 | 116 | 168 | 172 | 487 | 1,309 | 3,308 | 5,834 | 8,559 | — | — | 20,623 |

Table 10 Cancer Mortality, 1963—68

| Year | | Stomach | Lung, Bronchus | Breast | Uterus | Other Mal- ignant and Lymphatic Neoplasms | Leukæmia, Aleukæmia | Total All Sites |
|------|----|---------|-------------------|--------|--------|--|------------------------|--------------------|
| 1963 | M. | 275 | 611 | 2 | — | 869 | 48 | 1,805 |
| | F. | 227 | 93 | 279 | 155 | 686 | 46 | 1,486 |
| | T. | 502 | 704 | 281 | 155 | 1,555 | 94 | 3,291 |
| 1964 | M. | 259 | 589 | 2 | — | 893 | 64 | 1,807 |
| | F. | 205 | 96 | 321 | 163 | 816 | 53 | 1,654 |
| | T. | 464 | 685 | 323 | 163 | 1,709 | 117 | 3,461 |
| 1965 | M. | 298 | 723 | 1 | — | 877 | 56 | 1,955 |
| | F. | 212 | 104 | 301 | 165 | 800 | 46 | 1,628 |
| | T. | 510 | 827 | 302 | 165 | 1,677 | 102 | 3,583 |
| 1966 | M. | 236 | 667 | 3 | — | 896 | 46 | 1,848 |
| | F. | 216 | 116 | 320 | 163 | 795 | 45 | 1,655 |
| | T. | 452 | 783 | 323 | 163 | 1,691 | 91 | 3,503 |
| 1967 | M. | 283 | 707 | 8 | — | 925 | 49 | 1,972 |
| | F. | 186 | 109 | 313 | 158 | 868 | 49 | 1,683 |
| | T. | 469 | 816 | 321 | 158 | 1,793 | 98 | 3,655 |
| 1968 | M. | 254 | 713 | 1 | — | 969 | 65 | 2,002 |
| | F. | 212 | 141 | 348 | 151 | 889 | 58 | 1,799 |
| | T. | 466 | 854 | 349 | 151 | 1,858 | 123 | 3,801 |

Table 11 Mortality from Respiratory Diseases, 1963—68

| Year | Influenza | Pneumonia | Bronchitis | Other diseases of the Respiratory System | Total |
|------|-----------|-----------|------------|---|-------|
| 1963 | 75 | 1,067 | 1,338 | 181 | 2,661 |
| 1964 | 37 | 905 | 1,184 | 215 | 2,341 |
| 1965 | 25 | 911 | 1,120 | 191 | 2,247 |
| 1966 | 174 | 1,135 | 1,488 | 216 | 3,013 |
| 1967 | 10 | 930 | 1,156 | 185 | 2,281 |
| 1968 | 110 | 1,259 | 1,267 | 305 | 2,941 |

Table 12 Maternal Mortality, 1964-68—Rates per 1,000 total births

| Cause of Death | 1964 | | 1965 | | 1966 | | 1967 | | 1968 | |
|---|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|------------------|-------------------------|
| | Admin. County | England and Wales | Admin. County | England and Wales | Admin. County | England and Wales | Admin. County | England and Wales | Admin. County | England and Wales |
| Maternal sepsis (not associ- ated with abortion) ... | 0·09 | 0·04 | — | 0·03 | 0·06 | 0·02 | 0·06 | 0·02 | 0·03 | } 0·18 |
| Toxæmias of pregnancy and puerperium (not associ- ated with abortion) ... | — | 0·04 | 0·03 | 0·05 | 0·13 | 0·04 | 0·12 | 0·05 | 0·03 | |
| Other complications of preg- nancy, childbirth and the puerperium | 0·16 | 0·12 | 0·13 | 0·11 | 0·03 | 0·13 | 0·03 | 0·10 | 0·03 | |
| Abortion (with or without mention of sepsis or tox- æmia) | 0·16 | 0·06 | — | 0·06 | 0·03 | 0·06 | — | 0·04 | — | 0·06 |
| Total Maternal Mortality... | 0·40 | 0·25 | 0·16 | 0·25 | 0·25 | 0·26 | 0·22 | 0·20 | 0·09 | 0·24 |

Table 13 Mortality from Violent Causes, 1963—68

| Year | Motor Vehicle Accidents | Accidents in the Home | All other Accidents | Suicide | All other external causes | Total Accidents, Poisoning, Violence |
|------|-------------------------------|-----------------------------|---------------------------|---------|---------------------------------|--|
| 1963 | 254 | 329 | 223 | 207 | 6 | 1,019 |
| 1964 | 314 | 299 | 213 | 196 | 15 | 1,037 |
| 1965 | 301 | 284 | 168 | 176 | 8 | 937 |
| 1966 | 295 | 293 | 200 | 186 | 13 | 987 |
| 1967 | 315 | 266 | 170 | 189 | 15 | 955 |
| 1968 | 277 | 238 | 151 | 177 | 82 | 925 |

Table 14 Mortality from Home Accidents

| Cause of Death | | Age at Death—Years | | | | | | | All ages |
|---|----|--------------------|-----|------|-------|-------|-------|-------------|----------|
| | | Under 1 | 1-4 | 5-44 | 45-54 | 55-64 | 65-74 | 75 and over | |
| Accidental poisoning by solid and liquid substances ... | M. | — | — | — | 3 | 1 | 2 | 1 | 7 |
| | F. | — | — | 3 | 2 | 2 | — | 1 | 8 |
| Accidental poisoning by gases and vapours ... | M. | — | — | 4 | 1 | 1 | 2 | 3 | 11 |
| | F. | — | 1 | 2 | — | 1 | 2 | 8 | 14 |
| Accidental falls ... | M. | — | 1 | 1 | — | 2 | 6 | 29 | 39 |
| | F. | — | — | 1 | — | 3 | 18 | 95 | 117 |
| Accidents caused by burns and scalds ... | M. | — | — | 1 | 1 | — | 2 | 1 | 5 |
| | F. | — | — | 1 | — | 2 | 1 | 8 | 12 |
| Inhalation of food or vomit ... | M. | 1 | — | 3 | 1 | — | — | — | 5 |
| | F. | — | 1 | — | — | 2 | — | — | 3 |
| Accidental mechanical suffocation ... | M. | 2 | 2 | 7 | — | 3 | — | — | 14 |
| | F. | — | — | — | — | — | 1 | — | 1 |
| Other and unspecified accidents | M. | — | — | 1 | — | — | 1 | — | 2 |
| | F. | — | — | — | — | — | — | — | — |
| Total ... | M. | 3 | 3 | 17 | 6 | 7 | 13 | 34 | 83 |
| | F. | — | 2 | 7 | 2 | 10 | 22 | 112 | 155 |

Table 15 Suicides

| External Agent | | Age at Death — Years | | | | | | | | All ages |
|------------------------------|----|----------------------|-------|-------|-------|-------|-------|-------|-------------|----------|
| | | Under 15 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75 and over | |
| Domestic gas poisoning ... | M. | — | 3 | 4 | 6 | 8 | 4 | 8 | 1 | 34 |
| | F. | — | — | 2 | 1 | 4 | 4 | 6 | 2 | 19 |
| Other poisoning ... | M. | — | 2 | 3 | 5 | 6 | 7 | 6 | 2 | 31 |
| | F. | — | 1 | 1 | 7 | 10 | 10 | 14 | 5 | 48 |
| Hanging or strangulation .. | M. | — | 1 | 1 | 2 | 2 | 4 | 4 | 2 | 16 |
| | F. | — | — | — | — | — | — | — | — | — |
| Drowning ... | M. | — | — | — | — | — | 1 | — | 2 | 3 |
| | F. | — | — | — | — | 1 | 4 | 2 | — | 7 |
| Firearms ... | M. | — | — | 1 | 3 | 1 | — | 1 | 1 | 7 |
| | F. | — | — | — | — | — | — | — | — | — |
| Cutting instruments ... | M. | — | — | — | — | — | — | 1 | 1 | 2 |
| | F. | — | — | — | — | — | — | — | — | — |
| Jumping from high places ... | M. | — | — | — | — | — | — | — | — | — |
| | F. | — | — | 1 | — | — | — | — | — | 1 |
| Other agents ... | M. | — | — | 1 | 1 | — | 3 | — | 1 | 6 |
| | F. | — | — | — | 1 | — | 1 | — | 1 | 3 |
| Total—All Agents ... | M. | — | 6 | 10 | 17 | 17 | 19 | 20 | 10 | 99 |
| | F. | — | 1 | 4 | 9 | 15 | 19 | 22 | 8 | 78 |

Table 16 Child Mortality, 1911—68

| Cause of Death | Annual Averages for Quinquennia | | | | | | | | 1965 | 1966 | 1967 | 1968 |
|--|---------------------------------|---------|---------|---------|---------|---------|---------|---------|------|------|------|------|
| | 1911-15 | 1927-31 | 1935-39 | 1940-44 | 1945-49 | 1950-54 | 1955-59 | 1960-64 | | | | |
| Measles | 439 | 107 | 27 | 18 | 10 | 4 | 2 | 2 | — | 2 | 1 | 2 |
| Whooping cough | 167 | 67 | 29 | 20 | 11 | 5 | 1 | <1 | — | — | 1 | — |
| Diphtheria | 110 | 47 | 51 | 32 | 5 | 1 | — | <1 | — | — | — | — |
| Other infective and parasitic diseases, excluding tuberculosis | 54 | 45 | 18 | 13 | 7 | 9 | 7 | 3 | 5 | 3 | 3 | 3 |
| Tuberculosis, respiratory ... | 47 | 13 | 5 | 4 | 4 | 1 | — | <1 | — | — | — | — |
| Tuberculosis, other | 201 | 82 | 37 | 39 | 30 | 11 | 2 | <1 | — | — | — | — |
| Cancer | 3 | 5 | 4 | 6 | 4 | 9 | 9 | 11 | 16 | 16 | 12 | 12 |
| Heart and circulatory diseases | 4 | 3 | 2 | 1 | 1 | — | 1 | 1 | 1 | 1 | 1 | — |
| Influenza | 6 | 43 | 10 | 11 | 4 | 2 | 2 | <1 | — | 1 | — | 1 |
| Pneumonia | 457 | 321 | 121 | 85 | 42 | 19 | 14 | 14 | 16 | 15 | 16 | 12 |
| Bronchitis | 150 | 42 | 10 | 17 | 9 | 6 | 6 | 6 | 1 | 4 | 2 | — |
| Other diseases of respiratory system | 49 | 15 | 6 | 5 | 3 | 2 | 2 | 1 | 2 | 1 | 3 | 9 |
| Diarrhoea and other digestive diseases | 248 | 45 | 38 | 23 | 17 | 4 | 4 | 5 | 3 | 6 | 7 | 5 |
| Congenital debility, malformations | 12 | 9 | 7 | 10 | 12 | 13 | 12 | 11 | 4 | 14 | 8 | 13 |
| Accidents | 82 | 54 | 50 | 47 | 38 | 27 | 23 | 27 | 21 | 27 | 24 | 28 |
| Other causes | 323 | 119 | 52 | 45 | 30 | 23 | 12 | 22 | 20 | 18 | 12 | 8 |
| All causes | 2,352 | 1,017 | 467 | 376 | 227 | 136 | 97 | 107 | 89 | 108 | 90 | 93 |
| Death rate per 1,000 living in the age group | 17.13 | 10.62 | 5.09 | 4.17 | 2.23 | 1.29 | 0.99 | 0.97 | 0.75 | 0.90 | 0.74 | 0.76 |

Table 17 Notification of Infectious Disease, 1963-68

| Disease | Number of corrected notifications | | | | | |
|---|-----------------------------------|--------|--------|--------|--------|--------|
| | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 |
| Measles | 19,882 | 14,385 | 18,175 | 17,567 | 13,528 | 15,291 |
| Dysentery | 545 | 432 | 934 | 630 | 357 | 691 |
| Scarlet fever | 757 | 1,201 | 1,568 | 1,353 | 1,145 | 794 |
| Diphtheria | 6 | 9 | — | — | — | — |
| Acute meningitis | † | † | † | † | † | 8 |
| Acute poliomyelitis (paralytic) | 1 | 3 | 4 | — | — | 1 |
| Acute poliomyelitis (non-paralytic) | — | — | 1 | — | — | — |
| Acute encephalitis (infective) | 3 | 2 | 1 | 3 | 5 | 3 |
| Acute encephalitis (post-infectious) | 4 | 2 | 1 | — | 3 | 1 |
| Leptospirosis | † | † | † | † | † | — |
| Paratyphoid fever | 28 | 6 | 18 | 1 | 1 | 1 |
| Typhoid fever... .. | 5 | 1 | 1 | — | — | 1 |
| Food poisoning | 93 | 114 | 82 | 68 | 56 | 204 |
| Tetanus | † | † | † | † | † | — |
| Infective jaundice | † | † | † | † | † | 473 |
| Whooping cough | 925 | 1,494 | 360 | 651 | 1,805 | 591 |
| Smallpox | — | — | — | — | — | — |
| Ophthalmia neonatorum | 5 | 5 | 1 | 3 | 5 | 2 |
| Anthrax | 2 | — | — | 2 | — | — |
| Yellow fever | † | † | † | † | † | — |
| † Malaria | — | 1 | — | — | 1 | — |
| Leprosy | † | † | † | 2 | — | — |
| Tuberculosis: | | | | | | |
| Respiratory | 467 | 423 | 357 | 355 | 275 | 299 |
| Other forms... .. | 75 | 73 | 72 | 68 | 47 | 46 |

†All the cases were believed to be contracted abroad.

‡Figures not available.

Table 18 Notification of Infectious Disease, 1968

| Numbers originally notified | Measles (excluding rubella) | | Dysentery | | Scarlet fever | | Diphtheria | | Acute meningitis | | Acute Poliomyelitis | | | |
|--------------------------------|--------------------------------|-------|-----------|-----|---------------|-----|------------|---|------------------|---|---------------------|---|---------------|---|
| | M | F | M | F | M | F | M | F | M | F | Paralytic | | Non-paralytic | |
| | | | | | | | | | | | M | F | M | F |
| Total (All ages) | 7,746 | 7,564 | 468 | 433 | 415 | 379 | — | — | 4 | 4 | 1 | — | — | — |
| Final numbers after correction | | | | | | | | | | | | | | |
| Under 1 year | 358 | 343 | 19 | 11 | 4 | — | — | — | — | 2 | — | — | — | — |
| 1— „ | 937 | 1,020 | 23 | 20 | 8 | 5 | — | — | — | — | — | — | — | — |
| 2— years | 1,282 | 1,181 | 34 | 24 | 30 | 20 | — | — | 1 | — | — | — | — | — |
| 3— „ | 1,266 | 1,205 | 24 | 13 | 35 | 25 | — | — | 1 | — | — | — | — | — |
| 4— „ | 1,167 | 1,118 | 32 | 22 | 44 | 47 | — | — | — | — | — | — | — | — |
| 5— 9 „ | 2,536 | 2,489 | 104 | 102 | 213 | 208 | — | — | 1 | — | 1 | — | — | — |
| 10—14 „ | 100 | 103 | 41 | 15 | 50 | 56 | — | — | — | 1 | — | — | — | — |
| 15—24 „ | 30 | 27 | 20 | 25 | 10 | 13 | — | — | — | — | — | — | — | — |
| 25 and over | 13 | 19 | 55 | 96 | 5 | — | — | — | 1 | 1 | — | — | — | — |
| Age unknown | 46 | 51 | 9 | 2 | 11 | 10 | — | — | — | — | — | — | — | — |
| Total (All ages) | 7,735 | 7,556 | 361 | 330 | 414 | 380 | — | — | 4 | 4 | 1 | — | — | — |

| Numbers originally notified | Acute encephalitis | | | | Leptospirosis | | Paratyphoid fever | | Typhoid fever | | Food poisoning | |
|--------------------------------|--------------------|---|-----------------|---|---------------|---|-------------------|---|---------------|---|----------------|-----|
| | Infective | | Post-Infectious | | | | | | | | | |
| | M | F | M | F | M | F | M | F | M | F | M | F |
| Total (All ages) | 3 | — | 1 | — | — | — | 1 | — | — | — | 136 | 106 |
| Final numbers after correction | | | | | | | | | | | | |
| Under 5 years | 1 | — | 1 | — | — | — | 1 | — | — | — | 25 | 20 |
| 5—14 years | 1 | — | — | — | — | — | — | — | — | — | 18 | 11 |
| 15—44 „ | 1 | — | — | — | — | — | — | — | — | — | 40 | 36 |
| 45—64 „ | — | — | — | — | — | — | — | — | — | 1 | 21 | 10 |
| 65 and over | — | — | — | — | — | — | — | — | — | — | 3 | 4 |
| Age unknown | — | — | — | — | — | — | — | — | — | — | 11 | 5 |
| Total (All ages) | 3 | — | 1 | — | — | — | 1 | — | — | 1 | 118 | 86 |

| Numbers originally notified | Tetanus | | Infective jaundice | | Whooping cough | |
|--------------------------------|------------------|---|--------------------|-----|----------------|-----|
| | M | F | M | F | M | F |
| | Total (All ages) | — | — | 235 | 241 | 282 | 310 |
| Final numbers after correction | | | | | | |
| Under 1 year | — | — | 1 | — | 24 | 25 |
| 1— „ | — | — | — | 1 | 31 | 31 |
| 2— 4 years | — | — | 24 | 15 | 111 | 138 |
| 5— 9 „ | — | — | 71 | 87 | 103 | 102 |
| 10—14 „ | — | — | 50 | 50 | 9 | 9 |
| 15—19 „ | — | — | 19 | 31 | } | 1 |
| 20—24 „ | — | — | 20 | 16 | | |
| 25—34 „ | — | — | 20 | 22 | } | 3 |
| 35—44 „ | — | — | 13 | 7 | | |
| 45—54 „ | — | — | 2 | 2 | | |
| 55—64 „ | — | — | 4 | 6 | | |
| 65—74 „ | — | — | 4 | 1 | } | — |
| 75 and over | — | — | 1 | — | | |
| Age unknown | — | — | 3 | 3 | 3 | — |
| Total (All ages) | — | — | 232 | 241 | 282 | 309 |

Table 19 Measles—Incidence and Mortality, 1955—68

| Year | Number of notifications | Number of deaths | Fatality ratio (deaths per 100 notifications) | Year | Number of notifications | Number of deaths | Fatality ratio (deaths per 100 notifications) |
|------|-------------------------|------------------|---|------|-------------------------|------------------|---|
| 1955 | 29,357 | 4 | 0.01 | 1962 | 11,485 | 3 | 0.03 |
| 1956 | 3,281 | 1 | 0.03 | 1963 | 19,882 | 5 | 0.03 |
| 1957 | 28,352 | 5 | 0.02 | 1964 | 14,385 | 5 | 0.03 |
| 1958 | 6,183 | 1 | 0.02 | 1965 | 18,175 | 3 | 0.02 |
| 1959 | 24,480 | 6 | 0.02 | 1966 | 17,567 | 3 | 0.02 |
| 1960 | 4,636 | — | — | 1967 | 13,528 | 3 | 0.02 |
| 1961 | 29,225 | 8 | 0.03 | 1968 | 15,291 | 3 | 0.02 |

Table 20 Dysentery—Incidence, 1962—68

| | Males | | | | Females | | | | Persons | | | |
|------|----------|-----|-----|-----|----------|-----|-----|-----|----------|-----|-----|-----|
| | All ages | 0— | 5— | 10+ | All ages | 0— | 5— | 10+ | All ages | 0— | 5— | 10+ |
| 1962 | 446 | 158 | 142 | 146 | 474 | 152 | 142 | 180 | 920 | 310 | 284 | 326 |
| 1963 | 260 | 90 | 76 | 94 | 285 | 84 | 47 | 154 | 545 | 174 | 123 | 248 |
| 1964 | 214 | 74 | 47 | 93 | 218 | 56 | 38 | 124 | 432 | 130 | 85 | 217 |
| 1965 | 477 | 163 | 150 | 164 | 457 | 163 | 106 | 188 | 934 | 326 | 256 | 352 |
| 1966 | 306 | 105 | 92 | 109 | 324 | 101 | 90 | 133 | 630 | 206 | 182 | 242 |
| 1967 | 182 | 70 | 51 | 61 | 175 | 52 | 39 | 84 | 357 | 122 | 90 | 145 |
| 1968 | 361 | 132 | 104 | 125 | 330 | 90 | 102 | 138 | 691 | 222 | 206 | 263 |

Table 21 Diphtheria Immunisation, 1948—68

NUMBER OF CHILDREN IMMUNISED

| Year | Number of children who completed a full course of immunisation | | | Number of children who were given a reinforcing injection | |
|------|--|--------------------|---------------------|---|--------|
| | Under 5 | 5—14 | Total | | |
| 1948 | 20,958 | 6,220 | 27,178 | 19,274 | |
| 1949 | 20,728 | 7,162 | 27,890 | 18,071 | |
| 1950 | 14,836 | 3,961 | 18,797 | 13,929 | |
| 1951 | 16,606 | 5,567 | 22,173 | 17,092 | |
| 1952 | 15,798 | 5,298 | 21,096 | 23,390 | |
| 1953 | 13,768 | 4,893 | 18,661 | 22,614 | |
| 1954 | 15,207 | 5,013 | 20,320 | 22,515 | |
| 1955 | 13,566 | 4,516 | 18,082 | 18,663 | |
| 1956 | 14,874 | 4,367 | 19,241 | 18,130 | |
| 1957 | 15,032 | 4,803 | 19,835 | 15,034 | |
| 1958 | 17,273 | 2,368 | 19,641 | 9,541 | |
| 1959 | 20,162 | 2,892 | 23,054 | 14,852 | |
| 1960 | 23,351 | 5,363 | 28,714 | 21,653 | |
| 1961 | 23,982 | 8,108 | 32,090 | 20,557 | |
| 1962 | 21,086 | 2,908 | 23,994 | 9,730 | |
| 1963 | 22,853 | 3,186 | 26,039 | 14,642 | |
| 1964 | 24,954 | 3,009 | 27,963 | 20,928 | |
| | Under 4 | Aged 4 but under 8 | Aged 8 but under 16 | Total | |
| 1965 | 25,296 | 2,436 | 1,265 | 28,997 | 21,394 |
| 1966 | 24,729 | 1,669 | 741 | 27,139 | 22,789 |
| 1967 | 26,465 | 2,274 | 1,259 | 29,998 | 29,400 |
| 1968 | 19,358 | 1,628 | 877 | 21,863 | 27,697 |

NUMBER IMMUNISED (0—14 years age group)

| Year | Under 5 | Percentage of population under 5 | 5—14 | Percentage of population 5—14 | Total under 15 | Percentage of population under 15 |
|------|---------|----------------------------------|---------|-------------------------------|----------------|-----------------------------------|
| 1948 | 59,795 | 44.1 | 139,194 | 65.0 | 198,989 | 56.9 |
| 1949 | 64,811 | 46.7 | 143,966 | 65.8 | 208,777 | 58.4 |
| 1950 | 66,484 | 47.9 | 150,179 | 67.1 | 216,663 | 59.7 |
| 1951 | 66,077 | 47.4 | 150,177 | 70.1 | 216,254 | 61.5 |
| 1952 | 60,885 | 46.4 | 177,875 | 74.8 | 238,760 | 64.7 |
| 1953 | 54,304 | 42.9 | 198,151 | 81.4 | 252,455 | 68.2 |
| 1954 | 55,990 | 45.2 | 217,052 | 87.5 | 273,042 | 73.4 |
| 1955 | 53,180 | 43.6 | 224,126 | 88.3 | 277,306 | 73.8 |
| 1956 | 53,147 | 43.6 | 233,120 | 90.2 | 286,267 | 75.2 |
| 1957 | 54,572 | 44.1 | 231,100 | 89.2 | 285,672 | 74.6 |
| 1958 | 58,457 | 46.4 | 226,593 | 87.3 | 285,050 | 73.9 |
| 1959 | 64,878 | 50.5 | 219,178 | 85.1 | 284,056 | 73.6 |
| 1960 | 73,078 | 55.4 | 226,566 | 88.5 | 299,644 | 77.3 |
| 1961 | 83,024 | 61.7 | 234,805 | 92.1 | 318,829 | 81.9 |
| 1962 | 86,851 | 63.1 | 220,347 | 88.4 | 307,198 | 79.4 |
| 1963 | 89,374 | 63.7 | 217,400 | 85.8 | 306,774 | 77.9 |
| 1964 | 96,194 | 66.4 | 218,706 | 86.4 | 314,900 | 79.2 |
| 1965 | 101,711 | 68.4 | 216,510 | 84.6 | 318,221 | 78.7 |
| 1966 | 103,863 | 68.6 | 221,577 | 85.4 | 325,440 | 78.9 |
| 1967 | 109,455 | 72.0 | 232,276 | 88.4 | 341,731 | 82.4 |
| 1968 | 104,835 | 68.4 | 239,295 | 88.9 | 344,130 | 81.4 |

Table 22 Vaccination against Poliomyelitis

| Age Group | Total Protected | Percentage of Age Group Protected |
|---------------------|-----------------|-----------------------------------|
| 6—12 months | 5,595 | 36·7 |
| 1— 2 years | 23,584 | 77·3 |
| 2— 3 years | 24,584 | 79·3 |
| 3— 4 years | 24,869 | 81·5 |
| 4—26 years | 558,118 | 97·0 |
| 26—35 years | 114,606 | 67·7 |
| *Others 35—43 years | 78,578 | 38·9 |
| Total all groups | 829,934 | 78·7 |

*Includes also those at ‘special risk’

Table 23 Whooping Cough—Incidence and Mortality, 1954—68

| Period | Under 1 year | | | 1—4 years | | | 5 years and over | | | Total | | |
|--------|------------------------|--------------|---------------------------|------------------------|--------------|---------------------------|------------------------|--------------|---------------------------|------------------------|--------------|---------------------------|
| | No. of noti-fica-tions | No. of d'ths | Fat-ality ratio per cent. | No. of noti-fica-tions | No. of d'ths | Fat-ality ratio per cent. | No. of noti-fica-tions | No. of d'ths | Fat-ality ratio per cent. | No. of noti-fica-tions | No. of d'ths | Fat-ality ratio per cent. |
| 1954-6 | 952 | 11 | 1·15 | 4,908 | 4 | 0·08 | 4,769 | 1 | 0·02 | 10,629 | 16 | 0·15 |
| 1957-9 | 418 | 6 | 1·44 | 2,007 | 2 | 0·10 | 1,843 | 1 | 0·05 | 4,268 | 9 | 0·21 |
| 1960-2 | 458 | 3 | 0·66 | 1,996 | 1 | 0·05 | 1,852 | — | — | 4,306 | 4 | 0·09 |
| 1963 | 110 | 2 | 1·82 | 433 | — | — | 382 | — | — | 925 | 2 | 0·22 |
| 1964 | 152 | — | — | 761 | — | — | 581 | — | — | 1,494 | — | — |
| 1965 | 36 | — | — | 205 | — | — | 119 | — | — | 360 | — | — |
| 1966 | 55 | — | — | 339 | — | — | 257 | — | — | 651 | — | — |
| 1967 | 142 | — | — | 951 | 1 | 0·11 | 712 | — | — | 1,805 | 1 | 0·06 |
| 1968 | 49 | — | — | 311 | — | — | 231 | — | — | 591 | — | — |

Table 24 Vaccination against Smallpox

VACCINATIONS AND RE-VACCINATIONS, 1965—68

| Year | Vaccinations | | | | | | | |
|------|--------------|--------------|--------------|---------------|-------|-------|-------|--------|
| | 0-3 mths. | 3-6 mths. | 6-9 mths. | 9-12 mths. | 1 | 2-4 | 5-15 | Total |
| 1965 | 176 | 188 | 277 | 471 | 7,193 | 3,232 | 414 | 11,951 |
| 1966 | 108 | 218 | 276 | 434 | 8,217 | 3,719 | 1,262 | 14,234 |
| 1967 | 133 | 148 | 229 | 354 | 8,941 | 3,969 | 768 | 14,542 |
| 1968 | 39 | 105 | 161 | 198 | 7,496 | 3,123 | 712 | 11,834 |

| Year | Re-Vaccinations | | | | | | | |
|------|-----------------|--------------|--------------|---------------|----|-----|------|-------|
| | 0-3 mths. | 3-6 mths. | 6-9 mths. | 9-12 mths. | 1 | 2-4 | 5-15 | Total |
| 1965 | — | — | — | — | 2 | 77 | 363 | 442 |
| 1966 | — | — | — | 1 | 16 | 106 | 996 | 1,119 |
| 1967 | — | — | — | 1 | 16 | 77 | 509 | 603 |
| 1968 | — | — | — | 3 | 11 | 82 | 426 | 522 |

There was one case of post-vaccinal encephalomyelitis reported during 1968.

In addition to the above complication there was a case reported of accidental self-vaccination where the doctor concerned developed generalised vaccinia.

Table 25 Tuberculosis—Mortality

| Classification | Age at Death in Years | | | | | | | | | | | | | | | | | | | | Total | | Grand Total |
|-----------------|-----------------------|---|----|---|----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-------|----|----------------|
| | 0— | | 1— | | 5— | | 15— | | 25— | | 35— | | 45— | | 55— | | 65— | | 75— | | | | |
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| Respiratory ... | — | — | — | — | — | — | — | — | 1 | 1 | 2 | 1 | 4 | — | 13 | 3 | 14 | 4 | 9 | 6 | 43 | 15 | 58 |
| Non-respiratory | — | — | — | — | — | — | — | — | — | — | 1 | 1 | 2 | 2 | 2 | 2 | 10 | 2 | 1 | 1 | 16 | 8 | 24 |
| Totals ... | — | — | — | — | — | — | — | — | 1 | 1 | 3 | 2 | 6 | 2 | 15 | 5 | 24 | 6 | 10 | 7 | 59 | 23 | 82 |

Table 26 Tuberculosis—Notifications

| | | Age Periods | | | | | | | | | | | | | Total all Ages |
|--------------------------------|-----|-------------|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------------|
| | | 0- | 1- | 2- | 5- | 10- | 15- | 20- | 25- | 35- | 45- | 55- | 65- | 75- | |
| FORMAL NOTIFICATIONS: | | | | | | | | | | | | | | | |
| Respiratory, Males | ... | 1 | 1 | 1 | 3 | 5 | 9 | 11 | 15 | 27 | 42 | 34 | 27 | 11 | 187 |
| Respiratory, Females | ... | - | 1 | 4 | 4 | 8 | 9 | 16 | 17 | 14 | 19 | 8 | 10 | 2 | 112 |
| Non-respiratory, Males | ... | - | - | - | - | 2 | 2 | 3 | 3 | 2 | 5 | 1 | 1 | - | 19 |
| Non-respiratory, Females | ... | 1 | - | - | - | 1 | 2 | 3 | 6 | 5 | 5 | 1 | 1 | 2 | 27 |
| | | | | | | | | | | | | | | | <hr/> 345 <hr/> |
| SUPPLEMENTAL NOTIFICATIONS: | | | | | | | | | | | | | | | |
| Respiratory, Males | ... | - | - | - | - | - | - | - | 1 | 1 | 3 | 11 | 6 | 6 | 28 |
| Respiratory, Females | ... | - | - | - | - | - | - | - | 1 | - | - | 2 | 2 | 3 | 8 |
| Non-respiratory, Males | ... | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Non-respiratory, Females | ... | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | | | | | | | | | <hr/> 36 <hr/> |

The sources of information of the supplemental notifications were – death returns from Local Registrars (17 respiratory), transferable deaths from the Registrar General (9 respiratory) and posthumous notifications (10 respiratory).

Table 27 Tuberculosis—Number of Cases on Register

| Div. No. | Number of cases on register 1st January, 1968 | | | | Number of cases added to register | | | | Number of cases removed from register | | | | Number of cases remaining on register 31st December, 1968 | | | | Per 1,000 Popu- lation | |
|------------------|---|-------|----------------------|-----|---|-----|----------------------|----|---|-----|----------------------|----|---|-------|----------------------|-----|---------------------------------|-----|
| | Respiratory | | Non-Res- piratory | | Respi- ratory | | Non-Res- piratory | | Respi- ratory | | Non-Res- piratory | | Respiratory | | Non-Res- piratory | | | |
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | | |
| | | | | | | | | | | | | | | | | | | |
| 1 | 128 | 57 | 18 | 24 | 5 | 3 | — | 1 | 14 | 8 | — | 3 | 119 | 52 | 18 | 22 | 211 | 2.6 |
| 3 | 161 | 64 | 10 | 15 | 14 | 12 | 1 | 2 | 38 | 28 | 7 | 12 | 137 | 48 | 4 | 5 | 194 | 3.5 |
| 4 | 156 | 68 | 5 | 8 | 8 | 7 | 1 | 2 | 11 | 6 | 2 | 2 | 153 | 69 | 4 | 8 | 234 | 3.3 |
| 5 | 223 | 128 | 15 | 23 | 19 | 10 | — | — | 9 | 16 | — | 2 | 233 | 122 | 15 | 21 | 391 | 3.1 |
| 7 | 170 | 101 | 11 | 22 | 15 | 7 | — | — | 75 | 64 | 9 | 17 | 110 | 44 | 2 | 5 | 161 | 1.4 |
| 9 | 123 | 85 | 24 | 16 | 10 | 14 | — | 1 | 14 | 8 | — | — | 119 | 91 | 24 | 17 | 251 | 1.9 |
| 10 | 93 | 67 | 8 | 14 | 5 | 6 | — | 2 | 22 | 18 | 2 | 2 | 76 | 55 | 6 | 14 | 151 | 3.1 |
| 11 | 179 | 122 | 18 | 17 | 9 | 5 | — | — | 4 | 5 | — | 1 | 184 | 122 | 18 | 16 | 340 | 5.9 |
| 12 | 206 | 144 | 37 | 53 | 14 | 5 | 3 | 1 | 10 | 8 | 2 | 2 | 210 | 141 | 38 | 52 | 441 | 6.2 |
| 13 | 71 | 43 | 8 | 21 | 9 | 7 | 1 | — | 13 | 3 | — | 1 | 67 | 47 | 9 | 20 | 143 | 1.5 |
| 15 | 91 | 60 | 43 | 18 | 16 | 11 | 4 | 3 | 29 | 17 | 5 | 3 | 78 | 54 | 42 | 18 | 192 | 1.8 |
| 18 | 260 | 141 | 21 | 13 | 19 | 11 | — | 3 | 57 | 36 | 5 | 3 | 222 | 116 | 16 | 13 | 367 | 3.3 |
| 20 | 117 | 65 | 21 | 26 | 10 | 12 | 1 | 3 | 15 | 13 | 1 | 3 | 112 | 64 | 21 | 26 | 223 | 2.3 |
| 23 | 208 | 138 | 24 | 35 | 17 | 3 | — | 2 | 25 | 14 | 1 | 1 | 200 | 127 | 23 | 36 | 386 | 5.6 |
| Leeds R.H.B. | 2,186 | 1,283 | 263 | 305 | 170 | 113 | 11 | 20 | 336 | 244 | 34 | 52 | 2,020 | 1,152 | 240 | 273 | 3,685 | 3.0 |
| 22 | 257 | 123 | 74 | 53 | 10 | 7 | — | 3 | 17 | 10 | 1 | 1 | 250 | 120 | 73 | 55 | 498 | 6.0 |
| 25 | 215 | 131 | 11 | 13 | 9 | 12 | 1 | 2 | 30 | 20 | 2 | 2 | 194 | 123 | 10 | 13 | 340 | 4.2 |
| 26 | 373 | 216 | 48 | 63 | 20 | 10 | 4 | 2 | 59 | 49 | 10 | 8 | 334 | 177 | 42 | 57 | 610 | 5.5 |
| 27 | 219 | 159 | 77 | 60 | 21 | 13 | 2 | 3 | 26 | 17 | 1 | 1 | 214 | 155 | 78 | 62 | 509 | 4.1 |
| 29 | 72 | 39 | 19 | 5 | 5 | 2 | — | 1 | 12 | 7 | — | — | 65 | 34 | 19 | 6 | 124 | 3.1 |
| 31 | 226 | 124 | 39 | 40 | 8 | 2 | 4 | 2 | 57 | 35 | 3 | 3 | 177 | 91 | 40 | 39 | 347 | 3.3 |
| Sheff. R.H.B. | 1,362 | 792 | 268 | 234 | 73 | 46 | 11 | 13 | 201 | 138 | 17 | 15 | 1,234 | 700 | 262 | 232 | 2,428 | 4.5 |
| West Riding | 3,548 | 2,075 | 531 | 539 | 243 | 159 | 22 | 33 | 537 | 382 | 51 | 67 | 3,254 | 1,852 | 502 | 505 | 6,113 | 3.4 |

Table 28 B.C.G. Vaccination

Details of B.C.G. vaccination given to the various categories under Section 28 of the National Health Service Act are shown below:

(a) CONTACTS.—A total of 1,577 contacts were vaccinated as follows:

| | Age (years) | | | |
|-----------------------|-------------|------|-----|-------|
| | 0-4 | 5-15 | 16+ | Total |
| No. vaccinated ... | 975 | 467 | 135 | 1,577 |

(b) SCHOOL CHILDREN.—A total of 14,913 school children were vaccinated under the County scheme, and the following is a summary of the work carried out.

Acceptances:

| | |
|--|--------|
| Number of children offered tuberculin testing and vaccination if necessary | 23,165 |
| Number found to have been vaccinated previously | 303 |
| Number of acceptances | 18,607 |
| Percentage of acceptances | 81.4 |

Pre-vaccination tuberculin test:

| | |
|---|--------|
| Number of children tested | 17,296 |
|---|--------|

Result of test:

| | <i>Heaf Test</i> | | <i>Mantoux Test</i> | |
|-----------------------------------|------------------|-------|---------------------|--------|
| Positive | 1,567 | 77 | | |
| Negative | 13,132 | 1,828 | | |
| Not ascertained | 654 | 38 | Total | 17,296 |
| Percentage positive | 10.7 | 4.0 | ... | 9.9 |

Vaccination:

Number vaccinated—

| | | | | | |
|---------------------------------|-----|-----|--------|-------|--------|
| Following negative Heaf Test | ... | ... | 13,085 | | |
| Following negative Mantoux Test | ... | ... | 1,828 | Total | 14,913 |

Tuberculin test twelve months after vaccination:

| | | | | |
|--|-----|-----|-------|-----|
| Number tuberculin tested after 12 months | ... | ... | ... | 997 |
| Result of test— | | | | |
| Positive | ... | ... | ... | 927 |
| Negative | ... | ... | ... | 26 |
| Not ascertained | ... | ... | ... | 44 |
| | | | Total | 997 |

(c) STUDENTS ATTENDING UNIVERSITIES, TEACHER-TRAINING COLLEGES, TECHNICAL COLLEGES OR OTHER ESTABLISHMENTS FOR FURTHER EDUCATION.

Two students were tested and both were found to be negative and vaccinated.

Table 29 Tuberculosis—Mass Radiography Surveys

A.—LEEDS UNITS

| Survey undertaken in Division No. | | | | | Number Examined | Abnormalities Discovered | | | |
|-----------------------------------|---------------------|-----|-----|-----|--------------------|--------------------------|----------|------------|-------|
| | | | | | | Tuberculosis | | * Other | Total |
| | | | | | | Active | Inactive | | |
| 1 | (Skipton)... | ... | ... | ... | 3,624 | 4 | — | 15 | 19 |
| 4 | (Shipley) ... | ... | ... | ... | 2,574 | 5 | 1 | 13 | 19 |
| 5 | (Horsforth) ... | ... | ... | ... | 6,848 | 5 | 3 | 22 | 30 |
| 7 | (Harrogate) ... | ... | ... | ... | 3,441 | 2 | 3 | 7 | 12 |
| 9 | (Rothwell/Wetherby) | ... | ... | ... | 1,828 | — | 3 | 8 | 11 |
| 10 | (Goole) ... | ... | ... | ... | 606 | — | 1 | 7 | 8 |
| 11 | (Castleford) ... | ... | ... | ... | 3,062 | — | 6 | 11 | 17 |
| 12 | (Pontefract) ... | ... | ... | ... | 3,114 | — | — | 20 | 20 |
| 13 | (Morley) ... | ... | ... | ... | 2,511 | 2 | 2 | 8 | 12 |
| 15 | (Spenborough) ... | ... | ... | ... | 3,119 | 5 | 5 | 8 | 18 |
| 18 | (Calder Valley) ... | ... | ... | ... | 3,670 | 3 | 3 | 16 | 22 |
| 20 | (Colne Valley) ... | ... | ... | ... | 3,095 | 2 | 1 | 20 | 23 |
| 23 | (Hemsworth) ... | ... | ... | ... | 1,473 | 2 | 1 | 9 | 12 |
| TOTALS | | | | | 38,965 | 30 | 29 | 164 | 223 |

B.—SHEFFIELD UNITS

| Survey undertaken in Division No. | | | | | Number Examined | Abnormalities Discovered | | | |
|-----------------------------------|-----------------|-----|-----|-----|--------------------|--------------------------|----------|------------|-------|
| | | | | | | Tuberculosis | | * Other | Total |
| | | | | | | Active | Inactive | | |
| 22 | (Wortley) ... | ... | ... | ... | 7,979 | 5 | 16 | 111 | 132 |
| 25 | (Barnsley) ... | ... | ... | ... | 2,752 | — | 18 | 139 | 157 |
| 26 | (Wath) ... | ... | ... | ... | 739 | — | 5 | 60 | 65 |
| 27 | (Doncaster) ... | ... | ... | ... | 3,849 | 1 | 34 | 221 | 256 |
| 29 | (Thorne) ... | ... | ... | ... | 412 | — | 2 | 10 | 12 |
| 31 | (Rotherham) ... | ... | ... | ... | 1,711 | 1 | 10 | 75 | 86 |
| TOTALS ... | | | | | 17,442 | 7 | 85 | 616 | 708 |

Totals for the County Area ... 56,407 37 114 780 931

*Details of the 780 “ Other ” abnormalities are as follows:—

| | <i>Leeds Region</i> | <i>Sheffield Region</i> |
|---|-------------------------|-----------------------------|
| 1. Abnormalities of the bony thorax and soft tissues— congenital | 1 | 13 |
| 2. Abnormalities of the bony thorax and soft tissues— acquired | — | 6 |
| 3. Tumours of the bony thorax; primary and secondary | — | — |
| 4. Congenital malformations of the lungs | — | — |
| 5. Bacterial and virus infections of the lungs ... | 29 | 9 |
| 6. Other infections of the lungs | 13 | — |
| 7. Bronchiectasis | 7 | 10 |
| 8. Honeycomb lung | — | — |
| 9. Emphysema | 2 | 40 |
| 10. Pulmonary fibrosis—non-tuberculous | 23 | 105 |
| 11. { Pneumoconiosis—uncertified at time of attendance | 15 | 88 |
| { Pneumoconiosis—already certified at the time | | |
| { of attendance | — | 40 |
| 12. Spontaneous pneumothorax | 1 | — |
| 13. Benign tumours of lungs and mediastinum ... | 7 | 6 |
| 14. Carcinoma of the lung and mediastinum ... | 12 | 9 |
| 15. Metastases in the lung and mediastinum... .. | 3 | — |
| 16. Enlarged mediastinal and bronchial glands— non-tuberculous | — | 1 |
| 17. Sarcoidosis and collagenous | 3 | 3 |
| 18. Pleural thickening or calcification—non-tuberculous | 11 | 87 |
| 19. Abnormalities of diaphragm and œsophagus— congenital and acquired | 8 | 74 |
| 20. Congenital abnormalities of heart and vessels ... | 7 | 1 |
| 21. Acquired abnormalities of the heart and vessels | 13 | 94 |
| 22. Miscellaneous | 5 | 3 |
| 23. Pneumoconiosis with tuberculosis | — | 27 |
| 24. Awaiting classification | 4 | — |
| | <hr/> 164 <hr/> | <hr/> 616 <hr/> |

Table 30 Venereal and Sexually Transmissible Diseases—New Cases, 1938-68

| Year | Syphilis | Gonorrhœa | Other Conditions | Total of New Patients |
|------|----------|-----------|------------------|-----------------------|
| 1938 | 346 | 650 | 503 | 1,499 |
| 1939 | 403 | 678 | 593 | 1,674 |
| 1940 | 299 | 499 | 497 | 1,295 |
| 1941 | 331 | 552 | 587 | 1,470 |
| 1942 | 423 | 479 | 735 | 1,637 |
| 1943 | 487 | 654 | 1,344 | 2,485 |
| 1944 | 413 | 560 | 1,383 | 2,356 |
| 1945 | 473 | 767 | 1,419 | 2,659 |
| 1946 | 723 | 1,140 | 1,859 | 3,722 |
| 1947 | 573 | 729 | 1,511 | 2,813 |
| 1948 | 463 | 550 | 1,403 | 2,416 |
| 1949 | 435 | 383 | 1,360 | 2,178 |
| 1950 | 357 | 304 | 1,447 | 2,108 |
| 1951 | 247 | 171 | 1,212 | 1,630 |
| 1952 | 219 | 211 | 1,275 | 1,705 |
| 1953 | 214 | 182 | 1,228 | 1,624 |
| 1954 | 178 | 152 | 1,189 | 1,519 |
| 1955 | 175 | 135 | 1,168 | 1,478 |
| 1956 | 155 | 99 | 1,143 | 1,397 |
| 1957 | 152 | 125 | 1,078 | 1,355 |
| 1958 | 124 | 138 | 1,129 | 1,391 |
| 1959 | 112 | 405 | 1,352 | 1,869 |
| 1960 | 83 | 338 | 1,550 | 1,971 |
| 1961 | 85 | 286 | 1,669 | 2,040 |
| 1962 | 69 | 244 | 1,623 | 1,936 |
| 1963 | 74 | 272 | 1,734 | 2,080 |
| 1964 | 67 | 286 | 1,841 | 2,194 |
| 1965 | 57 | 327 | 2,153 | 2,537 |
| 1966 | 48 | 406 | 2,160 | 2,614 |
| 1967 | 47 | 510 | 2,255 | 2,812 |
| 1968 | 47 | 506 | 2,527 | 3,080 |

Table 31 Syphilis—Type and stage of disease, 1950-68

| Year | Syphilis | | | |
|------|----------|------|--------------|-------------|
| | Acquired | | Congenital | |
| | Early | Late | Under 1 year | Over 1 year |
| 1950 | 76 | 221 | 4 | 56 |
| 1951 | 58 | 144 | 4 | 41 |
| 1952 | 19 | 163 | 1 | 36 |
| 1953 | 9 | 155 | 1 | 49 |
| 1954 | 7 | 144 | — | 27 |
| 1955 | 6 | 128 | 1 | 40 |
| 1956 | 9 | 120 | — | 26 |
| 1957 | 1 | 122 | — | 29 |
| 1958 | 5 | 99 | — | 20 |
| 1959 | 12 | 80 | — | 20 |
| 1960 | — | 73 | — | 10 |
| 1961 | 4 | 67 | — | 14 |
| 1962 | 4 | 55 | 1 | 9 |
| 1963 | 5 | 57 | — | 12 |
| 1964 | 8 | 51 | 1 | 7 |
| 1965 | 8 | 45 | — | 4 |
| 1966 | 10 | 34 | — | 4 |
| 1967 | 8 | 33 | — | 6 |
| 1968 | 7 | 35 | — | 5 |

Table 32 Venereal Diseases etc.—Distribution of New Cases by Treatment Centres

| Special Treatment Centre | Syphilis | Gonor- rhœa | Other Con- ditions | Total |
|--|----------|----------------|--------------------------|-------|
| Barnsley Clinic, Queen's Road | 3 | 19 | 127 | 149 |
| Bradford St. Luke's Hospital | 2 | 65 | 195 | 262 |
| Burnley Victoria Hospital | — | 1 | 7 | 8 |
| Dewsbury General Hospital | 4 | 45 | 191 | 240 |
| Doncaster Royal Infirmary | 5 | 63 | 349 | 417 |
| Halifax Royal Infirmary | 2 | 36 | 103 | 141 |
| Harrogate General Hospital | 7 | 24 | 106 | 137 |
| Huddersfield Royal Infirmary | 4 | 28 | 102 | 134 |
| Hull, Mill Street Clinic | — | 3 | 22 | 25 |
| Keighley Victoria Hospital | 4 | 41 | 112 | 157 |
| Leeds General Infirmary | 6 | 84 | 379 | 469 |
| Oldham & District General Hospital ... | — | 2 | 5 | 7 |
| Rotherham Moorgate General Hospital | — | 13 | 194 | 207 |
| Sheffield Royal Hospital | — | 11 | 66 | 77 |
| Sheffield Royal Infirmary | 2 | 3 | 23 | 28 |
| Wakefield Clayton Hospital | 8 | 58 | 502 | 568 |
| York County Hospital | — | 10 | 44 | 54 |
| | 47 | 506 | 2 527 | 3,080 |

Table 33 Venereal Diseases etc.—New Cases—Sex Distribution

| | Males | Females | Total |
|--|-------|---------|-------|
| Syphilis | 27 | 20 | 47 |
| Gonorrhœa | 343 | 163 | 506 |
| Chancroid | — | — | — |
| Lymphogranuloma Venereum | — | — | — |
| Granuloma Inguinale | — | — | — |
| Non-gonococcal Urethritis | 530 | — | 530 |
| Non-gonococcal Urethritis with Arthritis ... | 5 | — | 5 |
| Trichomoniasis | 52 | 182 | 234 |
| Late or Latent Treponematoses—non-syphilitic ... | 1 | — | 1 |
| Other Conditions requiring treatment | 426 | 335 | 761 |
| Not requiring treatment | 569 | 417 | 986 |
| Undiagnosed at 31st December, 1968 | 1 | 9 | 10 |
| | 1,954 | 1,126 | 3,080 |

Table 34 Gonorrhœa—New Cases—Age Distribution

| Sex | Under 20 | | 20 to 24 | | 25 and over | |
|---------|----------|-----|----------|-----|-------------|-----|
| Males | 40 | 12% | 93 | 27% | 210 | 61% |
| Females | 36 | 22% | 57 | 35% | 70 | 43% |

Table 35 Venereal Diseases etc.—Case finding

| | | | | | | |
|-----------------------------------|--------|----|----|----|----|----|
| Total number of contacts reported | ... | 60 | | | | |
| Located and examined | ... .. |  | 46 | | | |
| Not infected | ... .. |  |  | 14 | | |
| Infected | ... .. |  |  | 32 | | |
| Already under treatment | ... | | | | — | |
| Brought under treatment | ... | | | | 32 | |
| Syphilis | ... .. |  |  |  |  | 1 |
| Gonorrhœa | ... .. |  |  |  |  | 17 |
| Other conditions | ... .. |  |  |  |  | 14 |
| Located | ... .. |  | 10 | | | |
| Not examined | ... .. |  |  | 6 | | |
| Transferred to other authority | ... | | | 4 | | |
| Not located | ... .. |  | 4 | | | |
| Insufficient information | .. .. |  |  | 1 | | |
| Unable to locate | ... .. |  |  | 3 | | |

Table 36 Antenatal patients with positive serological tests for syphilis

| Total number reported | Transferred to other local authorities | West Riding patients with positive tests | Not referred to Special Clinics | Referred to Special Clinics | Found to have Syphilis | | Found not to have Syphilis |
|-----------------------|--|--|---------------------------------|-----------------------------|------------------------|--------------|----------------------------|
| | | | | | New patients | Old patients | |
| 13 | 2 | 11 | 1 | 10 | 4 | 3 | 3 |

Table 37 Contacts of antenatal patients found to have syphilis

| Number Examined | Found to have Syphilis | Found not to be infected |
|-----------------|------------------------|--------------------------|
| 3 | 1 | 2 |

Table 38 Venereal Diseases etc.—Defaulters

| Total number of defaulters | Returned to clinic after visiting | Failed to return | Removed, unable to locate | Transferred | Number of ineffective visits | Number of re-visits |
|----------------------------|-----------------------------------|------------------|---------------------------|-------------|------------------------------|---------------------|
| 87 | 47 | 17 | 18 | 5 | 163 | 126 |

Table 39 Divisional Administration

| Div. No. | County Districts | Population (Estimated Mid. 1968) | Acreage | Divisional Medical Officer, Senior Clerk and Divisional Nursing Officer | Address of Divisional Health Office |
|----------|--------------------------------|----------------------------------|---------|---|---|
| 1 | Barnoldswick U. | 10,060 | 2,764 | Dr. M. Hunter Mr. K. A. Knowles Miss F. Stevenson | 9, High Street, Skipton Tel. Skipton 2438/9 |
| | Earby U. | 5,010 | 3,519 | | |
| | Silsden U. | 5,670 | 7,101 | | |
| | Skipton U. | 13,040 | 4,211 | | |
| | Bowland R. | 4,880 | 83,327 | | |
| | Sedbergh R. | 3,770 | 52,674 | | |
| | Settle R. | 13,830 | 152,087 | | |
| | Skipton R. | 24,300 | 146,071 | | |
| | | 80,560 | 451,754 | | |
| 3 | Keighley B. | 55,650 | 23,611 | Dr. V. P. McDonagh Mr. A. S. Sanderson Miss J. Butterworth | 3, Bow Street, Keighley Tel. Keighley 2244/5 |
| | | | | | |
| | | | | | |
| 4 | Baildon U. | 13,710 | 2,831 | Dr. J. Battersby Mr. F. G. Falking- ham Miss H. J. Watts | P.O. Box 24, Town Hall, Shipley Tel. Shipley 51363 |
| | Bingley U. | 25,090 | 11,418 | | |
| | Denholme U. | 2,690 | 2,536 | | |
| | Shipley U. | 29,280 | 2,184 | | |
| | | 70,770 | 18,969 | | |
| | | | | | |
| 5 | Pudsey B. | 37,430 | 5,323 | Dr. A. Telford Burn Mr. A. Hartley Miss D. Topley | The Green, Horsforth Tel. Horsforth 5821 |
| | Aireborough U. | 29,470 | 6,856 | | |
| | Horsforth U. | 18 010 | 2,706 | | |
| | Ilkley U. | 19,740 | 8,610 | | |
| | Otley U. | 12,990 | 2,934 | | |
| | Wharfedale R. | 7,270 | 39,378 | | |
| | | 124,910 | 65,807 | | |
| | | | | | |
| | | | | | |
| 7 | Harrogate B. | 62,200 | 8,320 | Dr. N. V. Hepple Mr. L. R. Wilkinson Miss M. L. Griffin | Municipal Offices, Harrogate Tel. Harrogate 68954 |
| | Ripon City | 11,720 | 1,812 | | |
| | Knarborough U. | 10,780 | 2,494 | | |
| | Nidderdale R. | 17,640 | 75,009 | | |
| | Ripon and Pateley Bridge R. | 14,410 | 124,861 | | |
| | | 116,750 | 212,496 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 9 | Garforth U. | 20,720 | 4,020 | Dr. W. D. Dolton Mr. F. H. Attack Miss M. P. Bramley | Hallfield Lane, Wetherby Tel. Wetherby 2738 AND Oulton Lane, Rothwell Tel. Rothwell 2326/7 |
| | Rothwell U. | 27 540 | 10,704 | | |
| | Stanley U. | 19,410 | 4,866 | | |
| | Tadcaster R. | 33 170 | 72,984 | | |
| | Wetherby R. | 29,790 | 64,424 | | |
| | | 130,630 | 156,998 | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Div. No. | County Districts | Population (Estimated Mid. 1968) | Acreage | Divisional Medical Officer, Senior Clerk and Divisional Nursing Officer | Address of Divisional Health Office |
|----------|--|----------------------------------|---------|---|--|
| 10 | Goole B. Selby U. Goole R. Selby R. | 18,540 | 1,267 | Dr. S. K. Appleton Mr. R. Towell Miss D. M. E. Goldthorpe | 6/7, Belgravia, Goole Tel. Goole 4216 and 2923 |
| | | 11,210 | 3,848 | | |
| | | 9,100 | 36,776 | | |
| 11 | Castleford B. Normanton U. | 9,090 | 32,909 | Dr. J. M. Paterson Mr. C. R. Pickering Mrs. M. Craig | "Castledene," Pontefract Road, Castleford Tel. Castleford 4201 |
| | | 47,940 | 74,800 | | |
| | | 39,420 | 4,394 | | |
| 12 | Pontefract B. Featherstone U. Knottingley U. Osgoldcross R. | 18,550 | 3,067 | Dr. J. F. Fraser Mr. W. Carver Mrs. M. Craig | Baghill House, Walkergate, Pontefract Tel. Pontefract 3291 |
| | | 57,970 | 7,461 | | |
| | | 30,200 | 4,865 | | |
| 13 | Morley B. Ossett B. Horbury U. Wakefield R. | 15,250 | 4,424 | Dr. G. Ireland Mr. A. Wright Miss A. Hibbard | Windsor House, Morley Tel. Morley 4281/2 |
| | | 16,200 | 2,835 | | |
| | | 9,340 | 33,951 | | |
| 15 | Batley B. Spenborough B. Heckmondwike U. Mirfield U. | 70,990 | 46,075 | Dr. W. M. Douglas Mr. P. Marshall Miss D. Day | Health Centre, Greenside, Cleckheaton Tel. Cleckheaton 3501/4 AND Market Place, Batley Tel. Batley 3141 |
| | | 43,960 | 9,494 | | |
| | | 16,950 | 3,333 | | |
| 18 | Brighouse B. Todmorden B. Elland U. Hebden Royd U. Queensbury and Shelf U. Ripponden U. Sowerby Bridge U. Hepton R. | 9,050 | 1,280 | Dr. N. E. Gordon Mr. H. Marshall Miss C. J. Barker | Police Street, Brighouse Tel. Brighouse 2515 AND Abraham Ormerod Medical Centre, Todmorden Tel. Todmorden 2495 |
| | | 23,280 | 21,345 | | |
| | | 93,240 | 35,452 | | |
| | | 41,860 | 4,457 | | |
| | | 38,870 | 8,251 | | |
| | | 9,030 | 696 | | |
| | | 15,620 | 3,394 | | |
| | | 105,380 | 16,798 | | |
| | | 32,910 | 7,873 | | |
| | | 15,780 | 12,789 | | |
| | | 18,350 | 5,946 | | |
| | | 8,840 | 7,083 | | |
| | | 10,180 | 2,795 | | |
| | | 4,940 | 13,289 | | |
| | | 16,700 | 5,763 | | |
| | | 3,570 | 21,758 | | |
| | | 111,270 | 77,296 | | |
| | | | | | |

| Div. No. | County Districts | Population (Estimated Mid. 1968) | Acreage | Divisional Medical Officer, Senior Clerk and Divisional Nursing Officer | Address of Divisional Health Office |
|----------|---------------------------|--|---------|--|---|
| 20 | Colne Valley U. | 21,060 | 16,054 | Dr. P. M. Sammon Mr. G. A. Beatson Miss J. L. Law | 6/8, St. Peter's Street, Huddersfield Tel. Hudders- field 29526/8 |
| | Denby Dale U. | 10,370 | 10,165 | | |
| | Holmfirth U. | 18 890 | 17,648 | | |
| | Kirkburton U. | 19 440 | 13,847 | | |
| | Meltham U. | 6,200 | 5,906 | | |
| | Saddleworth U. | 19,330 | 18,485 | | |
| | | 95,290 | 82,105 | | |
| | | | | | |
| | | | | | |
| 22 | Hoyland Nether U. | 16,050 | 2,000 | Dr. F. C. Armstrong Mr. P. Fullwood Mrs. M. Orr | Mortomley Hall, High Green, nr. Sheffield Tel. High Green 292 |
| | Penistone U. | 7,590 | 5,593 | | |
| | Stocksbridge U. | 12 920 | 4,630 | | |
| | Penistone R. | 7,400 | 29,007 | | |
| | Wortley R. | 38,440 | 48,130 | | |
| | | 82,400 | 89,360 | | |
| 23 | Hemsworth U. | 15,040 | 4,164 | Dr. J. S. Walters Mr. G. Ellis Miss D. Marsh | Adiscombe House, Barnsley Road, Hemsworth Tel. Hems- worth 377/8 |
| | Hemsworth R. | 53,570 | 29,019 | | |
| | | 68,610 | 33,183 | | |
| 25 | Cudworth U. | 9,210 | 1,746 | Dr. C. G. Oddy Mr. L. S. Wrigg Miss M. E. Pilling | 33 Queen's Road, Barnsley Tel. Barnsley 2247/8 |
| | Darfield U. | 7,170 | 2,018 | | |
| | Darton U. | 15,270 | 4,716 | | |
| | Dodworth U. | 4,390 | 1,859 | | |
| | Royston U. | 8,610 | 1,426 | | |
| | Wombwell U. | 19,140 | 3,838 | | |
| | Worsbrough U. | 16,400 | 3,420 | | |
| | | 80,190 | 19,023 | | |
| | | | | | |
| 26 | Conisbrough U. | 17,710 | 1,593 | Dr. D. J. Cusiter Mr. P. Goddard Miss V. Dunford | Dunford House, Wath upon Dearne Tel. Wath 2251/2 |
| | Dearne U. | 26,690 | 3,888 | | |
| | Mexborough U. | 16,320 | 1,452 | | |
| | Rawmarsh U. | 19,670 | 2,600 | | |
| | Swinton U. | 14,350 | 1,718 | | |
| | Wath upon Dearne U. | 15,330 | 2,677 | | |
| | | 110,070 | 13,928 | | |
| | | | | | |
| | | | | | |
| 27 | Adwick le Street U. | 18,750 | 3,605 | Dr. R. Stalker Mr. C. W. Vallance Miss M. E. Young | Station Road, Doncaster Tel. Doncaster 61571 |
| | Bentley with Arksey U. | 23,860 | 4,951 | | |
| | Tickhill U. | 3,010 | 5,580 | | |
| | Doncaster R. | 79,670 | 75,097 | | |
| | | 125,290 | 89,233 | | |
| | | | | | |

| Div. No. | County Districts | Population (Estimated Mid. 1968) | Acreage | Divisional Medical Officer, Senior Clerk and Divisional Nursing Officer | Address of Divisional Health Office |
|----------|--|----------------------------------|---------|---|--|
| 29 | Thorne R. | 39,770 | 38,419 | Dr. G. Higgins Mr. J. T. Howitt Miss D. M. E. Goldthorpe Dr. J. T. Clow Mr. A. Hill Mrs. A. Brooks | Council Offices, P.O. Box 4, Thorne Tel. Thorne 3130 “Edenthorpe,” Grove Road, Rotherham Tel. Rotherham 3131/2 |
| 31 | Maltby U. Kiveton Park R. Rotherham R. | 14,950 | 4,788 | | |
| | | 25,490 | 20,070 | | |
| | | 66,150 | 28,856 | | |
| | | 106,590 | 53,714 | | |

Table 40 Dental Services for Expectant and Nursing Mothers and children under 5 years

Attendances and Treatment

| | Children 0—4 (incl.) | Expectant and Nursing Mothers |
|---|-------------------------|----------------------------------|
| First Visit | 944 | 402 |
| Subsequent Visits | 664 | 1,399 |
| Additional Courses of Treatment commenced ... | 45 | 14 |
| Number of Fillings | 817 | 904 |
| Teeth Filled | 729 | 831 |
| Teeth Extracted | 1,888 | 1,241 |
| General Anæsthetics | 773 | 171 |
| Emergencies | 333 | 68 |
| Patients X-Rayed | 7 | 31 |
| Prophylaxis | 46 | 210 |
| Teeth otherwise conserved | 111 | — |
| Teeth Root Filled | — | 10 |
| Inlays | — | 8 |
| Crowns | — | 10 |
| Courses of Treatment Completed | 702 | 288 |

Prosthetics

| | |
|--|-----|
| Patients supplied with F.U. or F.L. (First Time) | 81 |
| Patients supplied with Other Dentures | 69 |
| Number of Dentures supplied | 229 |

Anæsthetics

| | |
|---|-----|
| General Anæsthetics administered by Dental Officers | 944 |
|---|-----|

Inspections

| | Children 0—4 (incl.) | Expectant and Nursing Mothers |
|---|-------------------------|----------------------------------|
| Number of First Inspections | A. 1,159 | D. 482 |
| Number in A. and D. requiring treatment ... | B. 904 | E. 464 |
| Number in B. and E. offered treatment ... | C. 894 | F. 453 |

Sessions

| | |
|--|-----|
| Number of sessions devoted to M. & C.W. patients | |
| For Treatment | 492 |
| For Health Education | — |

Table 41 Antenatal Relaxation Classes

| | | | | | | | | |
|------------------------------|---------------------------------|-----|-----|-----|-----|-----|-----|--------|
| No. of sessions: | | | | | | | | |
| (a) | separate | ... | ... | ... | ... | ... | ... | 4,344 |
| (b) | combined with antenatal clinics | ... | ... | ... | ... | ... | ... | 59 |
| TOTAL | | | | | | | | 4,403 |
| No. of women attending: | | | | | | | | |
| (a) | hospital booked | ... | ... | ... | ... | ... | ... | 4,973 |
| (b) | domiciliary booked | ... | ... | ... | ... | ... | ... | 1,054 |
| TOTAL | | | | | | | | 6,027 |
| Total number of attendances: | | | | | | | | |
| (a) | hospital booked | ... | ... | ... | ... | ... | ... | 23,680 |
| (b) | domiciliary booked | ... | ... | ... | ... | ... | ... | 4,603 |
| TOTAL | | | | | | | | 28,283 |

Table 42 Phenylketonuria—Details of Tests undertaken, March, 1960—December, 1968

| | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|------------|
| Total number tested | ... | ... | ... | ... | ... | ... | 255,590 |
| Number of confirmed cases | ... | ... | ... | ... | ... | ... | 15 |
| Ratio of true cases of phenylketonuria to children tested | ... | | | | | | 1 : 17,039 |

Table 43 Ortolani Testing for Congenital Dislocation of the Hip—Summary of tests carried out, 1963-68

| | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 |
|---|------|------|------|------|------|------|
| (a) Cases referred to specialist, confirmed as congenital dislocation of the hip and splinted | 22 | 29 | 17 | 52 | 69 | 64 |
| No. included in (a) referred by staff employed by the Authority | 20 | 14 | 9 | 27 | 31 | 27 |
| (b) Cases referred to specialist and said not to be congenital dislocation of the hip | 45 | 29 | 31 | 62 | 43 | 78 |
| (c) Cases referred to specialist, not splinted but given further review appointments | 21 | 15 | 13 | 24 | 18 | 35 |

Table 44 Illegitimate Children—Analysis of Cases

| | | | | | | West Riding Cases | Non- County Cases | Total |
|---|---|--|--|--|--|-------------------------|-------------------------|-------|
| Number of cases dealt with during the year: | | | | | | | | |
| Referred by Moral Welfare Organisations | | | | | | 273 | 16 | 289 |
| Ascertained by staff of the Health Department... .. | | | | | | 749 | 10 | 759 |
| Referred by other services... .. | | | | | | 355 | 15 | 370 |
| Totals ... | | | | | | 1,377 | 41 | 1,418 |
| Analysis of cases: | | | | | | | | |
| Married | { | with previous illegitimate children ... | | | | 99 | — | 99 |
| | | without previous illegitimate children ... | | | | 164 | 2 | 166 |
| Unmarried | { | with previous illegitimate children ... | | | | 181 | 3 | 184 |
| | | without previous illegitimate children ... | | | | 871 | 34 | 905 |
| Widowed or Divorced | { | with previous illegitimate children ... | | | | 26 | — | 26 |
| | | without previous illegitimate children ... | | | | 36 | 2 | 38 |
| Totals ... | | | | | | 1,377 | 41 | 1,418 |
| Ages: | | | | | | | | |
| Under 15 years of age | | | | | | 5 | 1 | 6 |
| 15—19 years of age | | | | | | 559 | 17 | 576 |
| 20—24 years of age | | | | | | 458 | 14 | 472 |
| 25—29 years of age | | | | | | 185 | 5 | 190 |
| 30—39 years of age | | | | | | 150 | 4 | 154 |
| 40 years of age and over | | | | | | 20 | — | 20 |
| Totals ... | | | | | | 1,377 | 41 | 1,418 |
| Disposal: | | | | | | | | |
| Cases settled —Marriage | | | | | | 83 | 1 | 84 |
| Baby died... .. | | | | | | 26 | 4 | 30 |
| Grandparents taking baby | | | | | | 47 | — | 47 |
| Baby adopted | | | | | | 249 | 23 | 272 |
| Baby fostered | | | | | | 29 | — | 29 |
| Mother keeping baby | | | | | | 920 | 13 | 933 |
| Cases referred elsewhere | | | | | | 6 | — | 6 |
| Cases not finally settled | | | | | | 17 | — | 17 |
| Totals ... | | | | | | 1,377 | 41 | 1,418 |

Table 45 Illegitimate Children—Accommodation in Moral Welfare Homes

| Name of Home | Ante and Post natal | Ante natal only | Post natal only | Governing Body |
|---|------------------------------|-----------------------|-----------------------|------------------------|
| Bedford—Holt House | — | 1 | — | Church of England |
| Bradford—Oakwell House | 18 | 2 | 3 | Bradford Corporation |
| Bradford—St. Monica's Home | — | 2 | 4 | Church of England |
| Darlington—St. Agnes' Home | 1 | — | — | Church of England |
| Ealing—Amherst Lodge | — | 1 | — | Borough of Ealing |
| Halifax—St. Margaret's House | 19 | 3 | — | Church of England |
| Handforth—Knowle House | — | — | 1 | Manchester Corporation |
| Heywood—St. Anne's Maternity Home | 1 | — | — | Church of England |
| Huddersfield—Bryanwood | 13 | — | — | Methodist Church |
| Huddersfield—St. Katherine's Hostel ... | 9 | 4 | — | Church of England |
| Leeds—Browning House | 29 | 2 | — | Voluntary Committee |
| Leeds—Mount Cross, Bramley | 5 | — | — | Salvation Army |
| Leeds—St. Margaret's Home | 8 | 2 | — | Roman Catholic Church |
| London—St. Michaels' and All Angels | 3 | — | — | Church of England |
| Manchester—Salford Methodist Mission Maternity Home | 1 | — | — | Methodist Church |
| Mansfield—Grosvenor House | 2 | — | — | Voluntary Committee |
| Newcastle on Tyne—'Hopedene' | 1 | — | — | Salvation Army |
| Pontefract—The Haven | 42 | 3 | 2 | Church of England |
| Sheffield—St. Agatha's Hostel | 22 | 3 | — | Church of England |
| Sutton on Hull—Sutton House | 1 | — | — | Church of England |
| York—Heworth Moor House | 19 | — | 1 | Church of England |
| | 194 | 23 | 11 | |

Table 46 Premature Babies

Total adjusted live births—31,226 Number of live premature births—2,001 Percentage of premature live births to total live births—6.4

Number born dead—267

| Weight Group | Number of Premature Births | | | | | Number Dying | | | | | | | | | | | | | | Number Surviving over 28 days | | | | | Percentage Survival 1968 | Percentage Survival in previous years | | | | | | | |
|--------------|----------------------------|----|-----|------|--------|--------------|-----|----|----|---|-------------|---|---|---|----|-----------------------|--------------|----|----|-------------------------------|-------|-----|-----|------|--------------------------|---------------------------------------|------|------|------|------|------|------|--|
| | Born Alive | | | | | First Week | | | | | Second Week | | | | | Over 14 up to 28 days | over 28 days | | | | Total | | | | | | | | | | | | |
| | A | B1 | B2 | C | To-tal | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | 13 | 14 | | A | B1 | B2 | C | | | | | | | | |
| lb. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5—5½ | 80 | 13 | 331 | 459 | 883 | 32 | 10 | 4 | 4 | 1 | 1 | — | — | — | — | 1 | — | 2 | 1 | 77 | 13 | 324 | 443 | 857 | 97.1 | 96.7 | 98.0 | 96.6 | 96.6 | 96.8 | 96.8 | 96.8 | |
| 4½—5 | 50 | 1 | 144 | 256 | 451 | 22 | 10 | 3 | 3 | 2 | 1 | — | — | — | — | — | — | — | — | 50 | 1 | 139 | 242 | 432 | 95.8 | 94.7 | 94.7 | 94.7 | 92.4 | 92.4 | 93.3 | 93.3 | |
| 4—4½ | 17 | 1 | 88 | 155 | 261 | 26 | 14 | 4 | — | 1 | 2 | — | — | — | — | — | — | — | — | 16 | 1 | 85 | 138 | 240 | 92.0 | 89.7 | 91.2 | 86.7 | 91.1 | 91.1 | 90.8 | 90.8 | |
| 3½—4 | 17 | — | 41 | 83 | 141 | 34 | 18 | 5 | 2 | — | — | — | — | — | — | — | — | — | — | 15 | — | 39 | 61 | 115 | 81.6 | 84.1 | 80.8 | 84.6 | 81.4 | 81.4 | 76.0 | 76.0 | |
| 3—3½ | 7 | — | 17 | 58 | 82 | 38 | 24 | 4 | 1 | 1 | 2 | — | — | — | — | — | — | — | — | 4 | — | 9 | 34 | 47 | 57.3 | 72.4 | 63.5 | 67.7 | 65.5 | 65.5 | 67.0 | 67.0 | |
| 2½—3 | 4 | — | 19 | 49 | 72 | 33 | 30 | 7 | 4 | — | — | — | — | 1 | — | — | — | — | 1 | 2 | — | 9 | 17 | 28 | 38.9 | 57.1 | 48.5 | 46.8 | 38.3 | 38.3 | 42.0 | 42.0 | |
| 2—2½ | 2 | — | 15 | 41 | 58 | 35 | 30 | 8 | 4 | — | 1 | 2 | — | — | 1 | — | — | — | — | — | — | 3 | 9 | 12 | 20.7 | 24.1 | 21.7 | 23.4 | 19.2 | 19.2 | 32.7 | 32.7 | |
| 1½—2 | 1 | 1 | 3 | 26 | 31 | 30 | 21 | 3 | 3 | 2 | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | 3.2 | — | 6.9 | 8.1 | 2.9 | 2.9 | 2.8 | 2.8 | |
| 1½ and under | 1 | — | 6 | 15 | 22 | 17 | 19 | — | 3 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 5.9 | — | — | — | — | — | — | |
| Total | 179 | 16 | 664 | 1142 | 2001 | 267 | 176 | 38 | 24 | 7 | 6 | 4 | 2 | 1 | 1 | 1 | — | 2 | 2 | 164 | 15 | 608 | 945 | 1732 | 86.6 | 87.8 | 87.2 | 86.8 | 85.7 | 85.7 | 85.7 | 85.7 | |

257 7 269

A —Born in Domiciliary Practice.
B1—Born in Private Nursing Home.
B2—Born in Maternity Home.
C —Born in General Hospital.

The weight groups in the first column of this table should be read as under :—
“ 5—5½ lb.” means “ Over 5 lb. up to and including 5½ lb.”
“ 4½—5 lb.” means “ Over 4½ lb. up to and including 5 lb.”
The remaining weight groups should be read in the same way.

Table 47 Distribution of Welfare Foods

| Year | National Dried Milk (Tins) | Cod Liver Oil (Bottles) | Vitamin A. & D. Tablets (Packets) | Orange Juice (Bottles) |
|------|----------------------------------|-------------------------------|---|------------------------------|
| 1964 | 123,371 | 31,609 | 31,700 | 334,505 |
| 1965 | 111,956 | 33,080 | 29,129 | 376,350 |
| 1966 | 94,779 | 30,993 | 27,073 | 417,351 |
| 1967 | 81,351 | 28,835 | 24,038 | 442,498 |
| 1968 | 72,262 | 28,314 | 22,018 | 405,803 |

Table 48 Day Nurseries

| Division Number | Day Nursery | Number of Places Provided | Average Daily Attendance |
|--------------------|--------------|------------------------------|-----------------------------|
| 3 | Keighley | 50 | 32 |
| 4 | Shipley | 50 | 38 |
| 7 | Harrogate | 40 | 28 |
| 15 | Heckmondwike | 40 | 30 |
| 18 | Brighouse | 40 | 24 |

Table 49 Midwifery—Hospital and Domiciliary Confinements

| Divi- sion No. | Area | Population (estimated mid-1968) | Total noti- fied births (Live and Still) | Place of Birth | | | | | |
|--------------------------|----------------------|---------------------------------------|--|----------------|----------------------------|--|--|------------------|----|
| | | | | Hospital | | | | Domici- liary | |
| | | | | No. | No. of Early Discharges | | | No. | % |
| | | | | | At 48 hours | After 48 hours up to and includ- ing 5th day | After 5th but before 10th day | | |
| 1 | Skipton | 80,560 | 1,216 | 1,141 | 21 | 117 | 568 | 75 | 6 |
| 3 | Keighley | 55,650 | 924 | 887 | 32 | 335 | 486 | 37 | 4 |
| 4 | Shipley | 70,770 | 1,165 | 1,045 | 107 | 126 | 646 | 120 | 10 |
| 5 | Horsforth | 124,910 | 2,017 | 1,820 | 125 | 171 | 1,006 | 197 | 10 |
| 7 | Harrogate... .. | 116,750 | 1,825 | 1,723 | 295 | 332 | 425 | 102 | 6 |
| 9 | Rothwell/Wetherby | 130,630 | 2,397 | 1,701 | 566 | 312 | 295 | 696 | 29 |
| 10 | Goole | 47,940 | 866 | 599 | 42 | 68 | 50 | 267 | 31 |
| 11 | Castleford... .. | 57,970 | 970 | 779 | 118 | 170 | 108 | 191 | 20 |
| 12 | Pontefract... .. | 70,990 | 1,294 | 924 | 77 | 175 | 341 | 370 | 29 |
| 13 | Morley | 93,240 | 1,900 | 1,418 | 233 | 251 | 210 | 482 | 25 |
| 15 | Spenborough | 105,380 | 2,191 | 2,040 | 125 | 270 | 121 | 151 | 7 |
| 18 | Calder Valley | 111,270 | 1,907 | 1,425 | 83 | 66 | 107 | 482 | 25 |
| 20 | Colne Valley | 95,290 | 1,562 | 1,367 | 57 | 103 | 342 | 195 | 12 |
| 22 | Wortley | 82,400 | 1,411 | 1,108 | 107 | 108 | 510 | 303 | 21 |
| 23 | Hemsworth | 68,610 | 1,199 | 853 | 47 | 141 | 352 | 346 | 29 |
| 25 | Barnsley | 80,190 | 1,429 | 993 | 11 | 41 | 442 | 436 | 31 |
| 26 | Wath | 110,070 | 2,042 | 1,522 | 119 | 349 | 288 | 520 | 25 |
| 27 | Doncaster... .. | 125,290 | 2,250 | 1,734 | 149 | 581 | 160 | 516 | 23 |
| 29 | Thorne | 39,770 | 850 | 575 | 67 | 227 | 56 | 275 | 32 |
| 31 | Rotherham | 106,590 | 2,206 | 1,655 | 322 | 713 | 273 | 551 | 25 |
| | | | | | | | | | |
| Leeds Hospital Board | | | | | | | | | |
| Region | | 1,229,960 | 21,433 | 17,722 | 1,928 | 2,637 | 5,057 | 3,711 | 17 |
| | | | | | | | | | |
| Sheffield Hospital Board | | | | | | | | | |
| Region... .. | | 544,310 | 10,188 | 7,587 | 775 | 2,019 | 1,729 | 2,601 | 26 |
| | | | | | | | | | |
| West Riding | | | | | | | | | |
| Administrative County | | 1,774,270 | 31,621 | 25,309 | 2,703 | 4,656 | 6,786 | 6,312 | 20 |

Table 50 Midwifery—Analgesia

| Div. No. | Area | | | | | | Percentage receiving Analgesia | | | |
|-----------------------------------|-------------------|-----|-----|-----|-----|-----|--------------------------------|-----------------------|--|-------|
| | | | | | | | Pethi- dine alone | Tri- lene alone | Tri- lene with Pethi- dine | Total |
| 1 | Skipton | ... | ... | ... | ... | ... | 1 | 34 | 49 | 84 |
| 3 | Keighley | ... | ... | ... | ... | ... | 11 | 22 | 62 | 95 |
| 4 | Shipley | ... | ... | ... | ... | ... | 11 | 20 | 62 | 93 |
| 5 | Horsforth | ... | ... | ... | ... | ... | 7 | 37 | 33 | 77 |
| 7 | Harrogate | ... | ... | ... | ... | ... | 10 | 28 | 43 | 81 |
| 9 | Rothwell/Wetherby | ... | ... | ... | ... | ... | 17 | 18 | 43 | 78 |
| 10 | Goole | ... | ... | ... | ... | ... | 3 | 48 | 37 | 88 |
| 11 | Castleford | ... | ... | ... | ... | ... | 5 | 46 | 34 | 85 |
| 12 | Pontefract | ... | ... | ... | ... | ... | 24 | 12 | 43 | 79 |
| 13 | Morley | ... | ... | ... | ... | ... | 10 | 29 | 41 | 80 |
| 15 | Spenborough | ... | ... | ... | ... | ... | 3 | 18 | 76 | 97 |
| 18 | Calder Valley | ... | ... | ... | ... | ... | 13 | 26 | 50 | 89 |
| 20 | Colne Valley | ... | ... | ... | ... | ... | 18 | 13 | 52 | 83 |
| 22 | Wortley | ... | ... | ... | ... | ... | 26 | 34 | 19 | 79 |
| 23 | Hemsworth | ... | ... | ... | ... | ... | 14 | 40 | 30 | 84 |
| 25 | Barnsley | ... | ... | ... | ... | ... | 13 | 28 | 36 | 77 |
| 26 | Wath | ... | ... | ... | ... | ... | 17 | 29 | 38 | 84 |
| 27 | Doncaster | ... | ... | ... | ... | ... | 9 | 20 | 62 | 91 |
| 29 | Thorne | ... | ... | ... | ... | ... | 39 | 9 | 44 | 92 |
| 31 | Rotherham | ... | ... | ... | ... | ... | 21 | 26 | 35 | 82 |
| Leeds Hospital Board Region | | | | | | | 12 | 27 | 44 | 83 |
| Sheffield Hospital Board Region | | | | | | | 19 | 25 | 40 | 84 |
| West Riding Administrative County | | | | | | | 15 | 26 | 42 | 83 |

Table 51 Health Visiting

| | | | | | | |
|---|-----|-----|-----|-----|-----|--|
| Health visitors dealt with a total of 175,244 cases. Details are given below of the various case categories; where appropriate, cases have been included under more than one heading. | | | | | | |
| | | | | | | <i>Cases</i> |
| Expectant mothers | ... | ... | ... | ... | ... | 3,280 |
| Children born in 1968 | ... | ... | ... | ... | ... | 31,523 |
| Children born in 1967 | ... | ... | ... | ... | ... | 30,018 |
| Children born in 1963-66 | ... | ... | ... | ... | ... | 58,728 |
| Persons aged 65 and over (excluding 'domestic help only' visits) | ... | ... | ... | ... | ... | 25,236 (includes 8,057 visited at the special request of a general practitioner or hospital) |
| Mentally disordered persons | ... | ... | ... | ... | ... | 744 (includes 294 visited at the special request of a general practitioner or hospital) |
| Persons, excluding maternity cases, discharged from hospital (other than mental hospitals) | ... | ... | ... | ... | ... | 2,643 (includes 1,679 visited at the special request of a general practitioner or hospital) |
| Other cases (including 'domestic help only' visits) | ... | ... | ... | ... | ... | 31,424 |
| Visits to tuberculous households | ... | ... | ... | ... | ... | 3,241 |
| Visits to households on account of other infectious diseases | ... | ... | ... | ... | ... | 1,708 |
| | | | | | | <i>No. of Sessions</i> |
| Clinics and school sessions: | | | | | | |
| Maternity and child welfare | ... | ... | ... | ... | ... | 29,578 |
| Ultra violet light | ... | ... | ... | ... | ... | 118 |
| Health Education: | | | | | | |
| a. Clubs | ... | ... | ... | ... | ... | 177 |
| b. Parent/teachers | ... | ... | ... | ... | ... | 22 |
| c. Schools | ... | ... | ... | ... | ... | 1,441 |
| d. Antenatal relaxation classes | ... | ... | ... | ... | ... | 1,894 |
| e. Evening sessions | ... | ... | ... | ... | ... | 275 |
| f. Other health education activities | ... | ... | ... | ... | ... | 27 |
| | | | | | | 3,836 |
| Specialist: | | | | | | |
| Chest | ... | ... | ... | ... | ... | 921 |
| Other | ... | ... | ... | ... | ... | 4,345 |
| School Health | ... | ... | ... | ... | ... | 19,758 (A total of 12,570 home visits were made in connection with school health activities) |

Table 52 Home Nursing—Total Cases Visited

| Types of cases attended | | | | | | | | No. of cases attended | No. of visits by Home Nurses |
|--|-----|-----|-----|-----|-----|-----|-----|--------------------------|---------------------------------|
| Medical | ... | ... | ... | ... | ... | ... | ... | 26,484 | 642,491 |
| Surgical | ... | ... | ... | ... | ... | ... | ... | 9,240 | 164,957 |
| Infectious diseases... | ... | ... | ... | ... | ... | ... | ... | 499 | 3,397 |
| Tuberculosis | ... | ... | ... | ... | ... | ... | ... | 293 | 13,874 |
| Maternal Complications | ... | ... | ... | ... | ... | ... | ... | 851 | 6,905 |
| Others | ... | ... | ... | ... | ... | ... | ... | 301 | 6,414 |
| Totals | | | | | | | | 37,668 | 838,038 |
| Age Groups | | | | | | | | | |
| 0—4... | ... | ... | ... | ... | ... | ... | ... | 1,827 | 9,911 |
| 5—64 | ... | ... | ... | ... | ... | ... | ... | 15,667 | 285,117 |
| 65 years and over | ... | ... | ... | ... | ... | ... | ... | 20,174 | 543,010 |
| Totals | | | | | | | | 37,668 | 838,038 |
| Patients included in the above who have had more than 24 visits during the year | | | | | | | | 8,611 | 572,222 |

Table 53 Home Nursing—Completed Cases

| Classification of Cases by Disease: | | | | | | | | | | No. of Cases |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|
| Disease | | | | | | | | | | |
| Tuberculosis | ... | ... | ... | ... | ... | ... | ... | ... | ... | 237 |
| Other infectious diseases | ... | ... | ... | ... | ... | ... | ... | ... | ... | 492 |
| Parasitic diseases | ... | ... | ... | ... | ... | ... | ... | ... | ... | 199 |
| Malignant and lymphatic neoplasms | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,900 |
| Asthma | ... | ... | ... | ... | ... | ... | ... | ... | ... | 130 |
| Diabetes mellitus | ... | ... | ... | ... | ... | ... | ... | ... | ... | 475 |
| Anæmias | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2,299 |
| Vascular lesions affecting central nervous system | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,616 |
| Other mental and nervous diseases | ... | ... | ... | ... | ... | ... | ... | ... | ... | 619 |
| Diseases of the eye... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 109 |
| Diseases of the ear | ... | ... | ... | ... | ... | ... | ... | ... | ... | 800 |
| Diseases of heart and arteries | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,757 |
| Diseases of veins | ... | ... | ... | ... | ... | ... | ... | ... | ... | 860 |
| Upper respiratory diseases | ... | ... | ... | ... | ... | ... | ... | ... | ... | 769 |
| Other respiratory diseases... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2,401 |
| Constipation | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,117 |
| Other diseases of digestive system | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2,148 |
| Diseases of urinary system and male genital organs | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,051 |
| Diseases of breast and female genital organs | ... | ... | ... | ... | ... | ... | ... | ... | ... | 623 |
| Complications of pregnancy and puerperium | ... | ... | ... | ... | ... | ... | ... | ... | ... | 824 |
| Diseases of skin and subcutaneous tissues | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,361 |
| Diseases of bones, joints and muscles | ... | ... | ... | ... | ... | ... | ... | ... | ... | 926 |
| Injuries | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2,589 |
| Senility | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,200 |
| Other defined and ill-defined diseases or disabilities | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,321 |
| Diseases not specified | ... | ... | ... | ... | ... | ... | ... | ... | ... | 732 |
| Total | | | | | | | | | | 28,556 |
| Nursing Treatment: | | | | | | | | | | |
| Type | | | | | | | | | | No. of Cases |
| Injections | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7,375 |
| General Nursing | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7,302 |
| Enemas | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,255 |
| Dressings | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7,829 |
| Bed baths | ... | ... | ... | ... | ... | ... | ... | ... | ... | 999 |
| Wash-outs, douches, etc. | ... | ... | ... | ... | ... | ... | ... | ... | ... | 233 |
| Changing of pessaries | ... | ... | ... | ... | ... | ... | ... | ... | ... | 91 |
| Preparation for diagnostic investigation... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 394 |
| Others | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3,078 |
| Total | | | | | | | | | | 28,556 |

The total number of cases receiving injections was 7,697 but, in a small proportion of cases, the injections were given during the course of a general nursing visit.

| Injections: | Type | | | | | | | | | | |
|----------------------------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----------|--------------|
| Insulin | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 264 |
| Drugs for anæmia, debility, etc. | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3,110 |
| Antibiotics | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2,830 |
| Drugs for cardio-renal diseases | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 440 |
| Others | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,053 |
| | | | | | | | | | | Total ... | <u>7,697</u> |

| Referral of Cases: | Source | | | | | | | | | | |
|-------------------------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----------|---------------|
| General practitioners | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 23,637 |
| Hospitals | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3,449 |
| Health department staff | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 897 |
| Others | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 573 |
| | | | | | | | | | | Total ... | <u>28,556</u> |

| Disposal of Cases: | | | | | | | | | | | |
|-------------------------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----------|---------------|
| Convalescent | ..... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 15,422 |
| Transferred to hospital | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 4,262 |
| Died | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3,751 |
| Others | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 5,121 |
| | | | | | | | | | | Total ... | <u>28,556</u> |

Table 54 Provision of Nursing Equipment in the Home

| Item | Number on loan | Number available for issue | Total | Number of issues during year |
|--|----------------|----------------------------|--------|------------------------------|
| Bath lift | — | 1 | 1 | — |
| Bath seat | 28 | 3 | 31 | 36 |
| Bedding: blankets, pillows and cases, sheets, etc.—pieces | 759 | 362 | 1,121 | 1,359 |
| Bed blocks | 38 | 89 | 127 | 50 |
| Bed cradles | 456 | 106 | 562 | 821 |
| Bed pans | 1,515 | 446 | 1,961 | 3,124 |
| Bed rests | 720 | 192 | 912 | 1,518 |
| Bed tables | 11 | 9 | 20 | 18 |
| Bedsteads: hospital, with self-lifting pole, and other | 276 | 31 | 307 | 439 |
| Chairs: geriatric, relaxing, high rest, 'Amesbury' play, stairway (carrying) etc. | 31 | 6 | 37 | 37 |
| Commodes: chair and other | 975 | 11 | 986 | 1,846 |
| Cushions: air and 'Dunlopillo' | 75 | 24 | 99 | 120 |
| Enuresis alarms | 385 | 21 | 406 | 1,584 |
| Fracture boards | 99 | 2 | 101 | 154 |
| Hot water bottles | 2 | 17 | 19 | 4 |
| Hydraulic hoists | 34 | 3 | 37 | 54 |
| Lifting pole and chain | 36 | 4 | 40 | 49 |
| Mattresses: various types | 321 | 21 | 342 | 517 |
| Pressure rings... .. | 778 | 294 | 1,072 | 1,368 |
| Rubber/plastic sheets | 1,289 | 344 | 1,633 | 2,033 |
| Sputum mugs | 74 | 170 | 244 | 91 |
| Walking aids: 'Amesbury,' 'Bonaped,' 'Zimmer,' 'Companion,' crutches, tripod, walking sticks | 1,417 | 129 | 1,546 | 2,050 |
| Wheel chairs: bath, folding, junior, self-propelled, spinal, stairway, etc. | 712 | 57 | 769 | 1,432 |
| Miscellaneous | 71 | 28 | 99 | 123 |
| | 10,102 | 2,370 | 12,472 | 18,827 |

Table 55 Chiropody Treatment

| | Voluntary Association Schemes | Direct Service by County Council | Total |
|---|-------------------------------------|--|---------|
| <i>Number of sessions held:</i> | | | |
| In voluntary association premises | 3,159 | — | 3,159 |
| In clinic premises | — | 10,962 | 10,962 |
| | 3,159 | 10,962 | 14,121 |
| <i>Number of patients treated:</i> | | | |
| In chiropodists' surgeries: | | | |
| Pensioners | 5,818 | 5,323 | 11,141 |
| Physically handicapped | 73 | 132 | 205 |
| Expectant mothers | 10 | 11 | 21 |
| In voluntary association or clinic premises: | | | |
| Pensioners | 6,253 | 19,189 | 25,442 |
| Physically handicapped | 126 | 353 | 479 |
| Expectant mothers | 1 | 9 | 10 |
| Domiciliary treatment: | | | |
| Pensioners | 2,781 | 11,179 | 13,960 |
| Physically handicapped | 143 | 557 | 700 |
| Expectant mothers | — | — | — |
| Total number of patients treated | 15,205 | 36,753 | 51,958 |
| <i>Total number of treatments given:</i> | | | |
| Pensioners | 67,500 | 170,998 | 238,498 |
| Physically handicapped | 1,248 | 3,595 | 4,843 |
| Expectant mothers | 18 | 22 | 40 |
| | 68,766 | 174,615 | 243,381 |
| Number of patients treated per session: | 8·8 | 8·4 | 8·5 |
| Percentage of total patients treated receiving domiciliary treatment | 19·2 | 31·9 | 28·2 |
| Percentage of aged population receiving treatment (men over 65 years and women over 60 years) | 5·9 | 14·0 | 19·9 |

Table 56 Domestic Help

| Classification of Cases Assisted | No. of Cases | Hours employed |
|-------------------------------------|--------------|----------------|
| Over 65 years of age | 17,057 | 2,371,102 |
| Under 65 years of age: | | |
| Chronic sick and tuberculous | 1,600 | 199,086 |
| Mentally disordered | 39 | 4,804 |
| Maternity | 630 | 25,186 |
| Other | 615 | 58,273 |
| | 19,941 | 2,658,451 |

Table 57 Mental Health Training Centres

The following is a list of the training centres in operation at the end of 1968, with details of the places provided:

| Centre | Junior | Adult Male | Adult Female | Special Care | Total |
|--------------------------------|--------|------------|--------------|--------------|-------|
| Adwick le Street | 38 | 25 | 25 | — | 88 |
| Airedale (Castleford) | 40 | 30 | 30 | 4 | 104 |
| Brighouse Junior | 27 | — | — | — | 27 |
| Ecclesfield | 42 | 26 | 21 | 6 | 95 |
| Harrogate | 30 | 25 | 25 | 6 | 86 |
| Heckmondwike | 36 | 20 | 12 | — | 68 |
| Hemsworth... .. | 40 | 20 | 20 | 12 | 92 |
| Horsforth Comprehensive | 30 | 25 | 25 | 12 | 92 |
| Horsforth Junior | 27 | — | — | — | 27 |
| Keighley | 50 | 25 | 25 | — | 100 |
| Kirkburton... .. | 30 | 25 | 25 | 6 | 86 |
| Maltby | 40 | 30 | 30 | 15 | 115 |
| Ossett Junior | 27 | — | — | — | 27 |
| Rawcliffe | 30 | 15 | 15 | 4 | 64 |
| Rothwell | 30 | 16 | 14 | 4 | 64 |
| Skipton | 24 | 18 | 18 | 4 | 64 |
| Wath upon Dearne | 46 | 25 | 25 | 12 | 108 |
| West Ardsley | 24 | 23 | 23 | 6 | 76 |
| Wombwell | 36 | 25 | 40 | 12 | 113 |
| Totals | 647 | 373 | 373 | 103 | 1,496 |

Table 58 Day Centres and Psychiatric Social Clubs

DAY CENTRES:

| Club | No. of members | Premises | Meetings | Opened |
|-----------------------|----------------|------------------------------|----------|--|
| Harrogate Therapeutic | 52 | 13, Dragon Parade, Harrogate | Daily | October, 1963 (transferred to new premises May, 1967) |
| Snaith Day Centre | 23 | Pontefract Road, Snaith | Daily | December, 1963 |

PSYCHIATRIC SOCIAL CLUBS:

| Club | No. of places | Premises | Meetings | Opened |
|-----------------------------|---------------|---|------------------------------|--------------------------------------|
| 'Beacon Club' Brighouse | 20 | Divisional Health Office, Police St., Brighouse | Monday evening | January, 1968 |
| Castleford Club | 30 | Child Welfare Clinic, West Villa, High-town, Castleford | Monday evening | September, 1961 |
| The Contact Club | 35 | Health Centre, Greenside, Cleckheaton | Tuesday evening | October, 1963 |
| The Glen Social Club | 30 | Somerset House Clinic, Shipley | Tuesday evening | September, 1961 |
| The Handshake Club | 40 | Multiple Clinic, Leeds Road, Tadcaster | Tuesday evening | January, 1964 |
| Harrogate Social Club | 50 | Training Centre, High Street, Starbeck, Harrogate | Tuesday evening | April, 1963 |
| Ilkley Club | 30 | South Hawksworth Street, Ilkley | Monday evening | February, 1964 Temporarily closed |
| Morley Social Club | 20 | Central Clinic, Morley | Thursday evening | January, 1962 |
| Rock Club, Wath upon Dearne | 40 | Child Welfare Clinic, Church Street, Wath upon Dearne | Fortnightly Thursday evening | August, 1961 |
| Rothwell Club | 30 | Central Clinic Oulton Lane, Rothwell | Monday evening | August, 1965 |
| Springhead Club | 25 | Springhead Clinic, Cooper Street, Saddleworth | Thursday afternoon | December, 1964 |

Table 59 Mental Health—Hospital Admissions

PSYCHIATRIC PATIENTS (admitted by Mental Welfare Officers)

| | | | | | | 1967 | 1968 |
|---------------------|-----|-----|-----|-----|--|-------|-------|
| Informal admissions | ... | ... | ... | ... | | 1,627 | 1,812 |
| Court orders | ... | ... | ... | ... | | 4 | 5 |
| Section 25 | ... | ... | ... | ... | | 257 | 250 |
| „ 26 | ... | ... | ... | ... | | 38 | 58 |
| „ 29 | ... | ... | ... | ... | | 460 | 523 |
| | | | | | | 2,386 | 2,648 |

SUBNORMAL PATIENTS

| | | | | |
|----------|------------------------------------|-----|-----|-----|
| Patients | provided with short-stay care | ... | ... | 286 |
| „ | admitted for permanent care | . | ... | 62 |
| „ | under guardianship... | ... | ... | 1 |
| „ | awaiting permanent care—urgent | ... | ... | 7 |
| „ | awaiting permanent care—non-urgent | ... | ... | 32 |

Table 60 Mental Health—Number of persons referred to Local Health Authority during year ended 31st December, 1968

| Referred by | Mentally Ill | | | | Psychopathic | | | | Subnormal | | | | Severely Subnormal | | | | Total | | |
|---|--------------|----|-------------|------|--------------|----|-------------|----|--------------|----|-------------|----|--------------------|----|-------------|----|-------|---|------|
| | Under age 16 | | 16 and over | | Under age 16 | | 16 and over | | Under age 16 | | 16 and over | | Under age 16 | | 16 and over | | | | |
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | | | |
| | | | | | | | | | | | | | | | | | | | |
| General practitioners | 3 | 3 | 548 | 1012 | | | 4 | 3 | | 5 | | 6 | 4 | | 2 | 4 | | 1 | 1595 |
| Hospitals, on discharge from in-patient treatment | 2 | — | 487 | 788 | | | — | — | | 2 | | 15 | 6 | | 2 | 1 | | 1 | 1305 |
| Hospitals, after or during out-patient or day treatment... .. | 5 | 5 | 250 | 391 | | | — | — | | 3 | 1 | 2 | — | | 5 | 2 | 1 | — | 665 |
| Local education authorities | 2 | — | — | 1 | | | — | — | | 35 | 23 | 36 | 33 | | 21 | 23 | — | — | 174 |
| Police and courts | — | — | 91 | 68 | | | 1 | — | | 1 | — | 6 | 1 | | — | — | — | — | 168 |
| Other sources | 3 | 5 | 429 | 677 | | | 1 | 1 | | 31 | 18 | 31 | 41 | | 17 | 14 | 2 | 1 | 1271 |
| Total | 15 | 13 | 1805 | 2937 | | | 6 | 4 | | 77 | 42 | 96 | 85 | | 47 | 44 | 4 | 3 | 5178 |

**Table 61 Mental Health—Number of persons under Local Health Authority
Care at 31st December, 1968**

| Number of Persons under L.H.A. care at 31.12.68 | Mentally Ill | | | | Elderly mentally infirm | | Psychopathic | | | | Subnormal | | | | Severely Subnormal | | | | Total |
|--|-----------------|----|----------------|------|-------------------------------|-----|-----------------|----|----------------|----|-----------------|-----|----------------|-----|--------------------|-----|----------------|-----|-------|
| | Under age 16 | | 16 and over | | M. | F. | Under age 16 | | 16 and over | | Under age 16 | | 16 and over | | Under age 16 | | 16 and over | | |
| | M. | F. | M. | F. | | | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | | | |
| | | | | | | | | | | | | | | | | | | | |
| Total number | 6 | 6 | 1013 | 1616 | 59 | 183 | 2 | — | 7 | 3 | 326 | 248 | 1025 | 911 | 212 | 171 | 232 | 231 | 6251 |
| Attending day training centre | 1 | — | 19 | 5 | 3 | 1 | — | — | — | — | 261 | 199 | 283 | 298 | 156 | 134 | 109 | 126 | 1595 |
| Awaiting entry to training centre | — | — | 7 | 1 | — | — | — | — | 1 | — | 15 | 9 | — | 8 | 21 | 11 | — | — | 73 |
| Receiving home training | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | 3 | 1 | 1 | 1 | 8 |
| Awaiting home training | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | — | 2 | 4 |
| Resident in L.A. home/hostel | — | — | 6 | 3 | — | — | — | — | — | — | 4 | 4 | 16 | 17 | — | — | — | — | 50 |
| Awaiting residence in L.A. home/hostel | — | — | 2 | 2 | — | — | — | — | — | — | 1 | — | 6 | 6 | — | — | — | — | 17 |
| Resident at L.A. expense in other homes/hostels | — | — | 18 | 17 | — | — | — | — | — | — | — | — | 2 | — | 5 | 6 | 8 | 3 | 59 |
| Resident at L.A. expense by boarding out in private household | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 | 3 | 5 |
| Attending day hospitals | — | 1 | 87 | 87 | — | 3 | — | — | 1 | — | 7 | 6 | 11 | 1 | — | — | 4 | 2 | 210 |
| Receiving home visits and not included above: | — | — | 41 | 93 | 3 | 10 | — | — | — | — | 11 | 9 | 77 | 96 | 4 | 7 | 42 | 51 | 445 |
| Suitable to attend a training centre | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Others | 5 | 4 | 833 | 1407 | 53 | 169 | 2 | — | 5 | 3 | 31 | 25 | 683 | 497 | 22 | 11 | 66 | 43 | 3814 |

Table 62 Milk (Special Designation) Regulations, 1963 and Milk (Special Designation) (Amendment) Regulations, 1965—Dealers Licensed

| Number of Licence Holders | Dealing in pre-packed milk | | | |
|---------------------------------|----------------------------|-------------|------------|--------------------|
| | Untreated | Pasteurised | Sterilised | Ultra Heat Treated |
| 3,309 | 579 | 1,379 | 2,569 | 39 |

Table 63 Milk (Special Designation) Regulations, 1963 and Milk (Special Designation) (Amendment) Regulations, 1965—Details of Samples obtained from Dealers in the County Area

| Untreated | | | Pasteurised | | | | | Sterilised | | Ultra Heat Treated | |
|---------------------|----------------|------|------------------|----------------|---------------------|----------------|------|----------------|----------------|--------------------|----------------|
| Methylene Blue Test | | | Phosphatase Test | | Methylene Blue Test | | | Turbidity Test | | Colony Count | |
| Satisfactory | Unsatisfactory | Void | Satisfactory | Unsatisfactory | Satisfactory | Unsatisfactory | Void | Satisfactory | Unsatisfactory | Satisfactory | Unsatisfactory |
| 1,922 | 314 | 140 | 1,618 | 5 | 1,537 | 43 | 43 | 51 | — | 25 | — |

Table 64 Milk (Special Designation) Regulations, 1963—Licensed Establishments for Pasteurising and Sterilising Milk

PASTEURISED MILK:

- Chappell, R. M., Nether End Farm, Denby Dale.
- Crawshaw, J., Blake Lea Dairy, 103, Arksey Lane, Bentley.
- Dibb, K., Home Farm, Menston.
- Doncaster Co-operative Society Ltd., Dairy Department, York Road, Doncaster.
- Doxey, C., The Dairy, Nutwell Lane, Armthorpe.
- Co-operative Retail Services Ltd., Goole Branch, Centenary Road, Goole.
- Co-operative Retail Services Ltd., Goldcross Branch, Horsefair Dairy, Pontefract.
- Mawer, L. C. & W. O., Glentworth House, Skellow.
- Old Corn Mill Farm (Eldwick) Ltd., Harden Grange, Harden, Bingley.
- Platts, N. H. & Sons, Home Farm, Bretton.
- Salmon, P., Ashbrooke, Littlethorpe, Ripon.
- Whittaker's Dairies Ltd., 77, Tenter Balk Lane, Adwick le Street.
- Rotherham Dairies Ltd., Claypit Lane, Rawmarsh.

The following plants ceased operations:

PASTEURISING:

Rotherham Co-operative Society Ltd., The Dairy, Progress Drive, Bramley.

STERILISING:

Rotherham Dairies Ltd., Claypit Lane, Rawmarsh.

Table 65 Milk (Special Designation) Regulations, 1963—Details of Samples obtained from Licensed Processing Plants

| Pasteurised | | | | | Sterilised | |
|-------------------|---------------------|---------------------|---------------------|------|-------------------|---------------------|
| Phosphatase Test | | Methylene Blue Test | | | Turbidity Test | |
| Satis- factory | Unsatis- factory | Satis- factory | Unsatis- factory | Void | Satis- factory | Unsatis- factory |
| 627 | 3 | 591 | 9 | 30 | 25 | — |

Table 66 Details of Samples obtained from Private Supplies of Water to County Premises

| Premises | Source of Supply | Bacteriological Examination | | |
|---|----------------------|-----------------------------|------|--------|
| | | Number of samples obtained | Sat. | Unsat. |
| Aldfield C.E. School, Aldfield, near Ripon | Untreated trunk main | 16 | 16 | — |
| Clint Burnt Yates Endowed School, Burnt Yates, near Harrogate | Bore | 12 | 12 | — |
| Grantley Hall Adult College, near Ripon | Land Springs | 24 | 22 | 2 |
| Ingleborough Hall Special School, Clapham, Settle | Lake water | 13 | 8 | 5 |
| Askham Bryan Agricultural College, Askham Bryan, near York | Bore | 33 | 17 | 16 |

Table 67 Details of Applications for Grants under the Rural Water Supplies and Sewerage Acts, 1944-61

| County District or Other Body | Description of Scheme | Date of Application | Estimated Cost of Scheme £ |
|--|--|---|---|
| Bowland R.D. Calderdale Water Board | Gisburn Sewage Disposal Works Blackwood Hall Water Supply Towngate Midgley Water Supply Ivy House, Mill Bank and Saw Hill Water Supply Shepherd House Farm Water Supply Holly Royd Southowram Water Supply | 7th March 30th January 30th January 30th January 30th January 30th January | 23,750 8,400 3,900 9,200 2,500 1,820 |
| Claro Water Board Craven Water Board | Merry Field Pateley Bridge Water Supply Wharfedale Avenue, Threshfield Extension of Grassington Scheme Halton East Water Supply | 16th July 7th June 28th June | 2,600 4,050 7,465 |
| Denby Dale U.D. Doncaster and District Joint Water Board Kirkburton U.D. | High Flatts Sewerage Lands End Road, Thorne Water Supply Red Hill Sewerage Scheme Gawthorpe Sewer Extension Scheme | 14th February 31st October 18th April 18th April | 7,100 920 4,587 4,177 |
| Kiveton Park R.D. | Thorpe Salvin Sewerage and Sewage Disposal | 6th December | 50,000 |
| Leeds C.B. | Water Supplies Part of Arthington Village (Second Stage) | 21st March | 9,754 |
| Osgoldcross R.D. | Darrington, Stapleton and Womersley Main Drainage | 30th May | 190,000 |
| Otley U.D. | Sewerage and Sewage Disposal | 6th February | 438,500 |
| Penistone U.D. | Penistone Sewerage and Sewage Disposal Hoylandswaine Sewerage | 9th August 18th January | 700,000 68,000 |
| Ripon and Pateley Bridge R.D. Ripponden U.D. Selby R.D. | Thornthwaite Sewerage Barkisland Sewerage Hambleton, Thorpe Willoughby Sewerage and Sewage Disposal | 4th December 26th July 18th April | 18,792 9,350 185,881 |
| Settle R.D. | Malham Sewerage and Sewage Disposal (Revised Scheme) | 23rd January | 26,500 |
| Sowerby Bridge U.D. | Hollins Sewer Extension Mill Field End Sewer Extension | 4th March 4th March | 1,080 800 |
| Swinton U.D. Tadcaster R.D. | Main Drainage. Phase I Acaster Malbis Sewerage and Sewage Disposal | 28th February 22nd January | 34,500 39,000 |
| | Barkston, Saxton and Church Fenton Sewerage and Sewage Disposal | 1st August | 287,500 |
| | Askham Bryan, Askham Richard Sewerage and Sewage Disposal | 10th October | 52,000 |
| Todmorden M.B. Wortley R.D. | Sewerage of Lumbutts and Mankin Holes Water Supplies to nine properties New Road, Low Bradfield | 5th March 6th February | 55,500 3,154 |

Table 68 School Swimming Pools

| School | Pool | | Filtration | Chlorination | Remarks |
|---|---------------------|--------------|----------------------------|--------------------------|---------------------------|
| | Capacity in gallons | Type | | | |
| Aireborough Grammar | 30,000 | Conventional | Sand | Chlorine Gas | — |
| Armthorpe Junior | 12,400 | Conventional | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Bardsey Primary | 870 | Sunken | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Bewerley Park Centre for out- door pursuits | 12,000 | Constructed | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Bingley Grammar | 46,400 | Conventional | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Boroughbridge County Primary | 6,000 | Learner | Diatoma- ceous Earth | Drip Feed | — |
| Bridge House Special School, Harewood | 4,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Brighouse Woodhouse Junior | 8,800 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | Pool in planning stage |
| Collingham C.E. | 10,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | Pool opened 1968 |
| Copmanthorpe J.M. | 8,000 | Learner | Sand | Automatic Chlorinator | Pool in planning stage |
| Darton Barugh J.M.I. | 6,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Darton Kexbrough | 6,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Ermysted's Grammar Skipton | 29,000 | Conventional | Sand | Chlorine Gas | — |
| Featherstone R.C. | 46,000 | Conventional | Sand | Chlorine Gas | — |

| School | Pool | | Filtration | Chlorination | Remarks |
|---|------------------------|------------------------|----------------------------|--------------------------|---------------------------|
| | Capacity in gallons | Type | | | |
| Felkirk Secondary | 18,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | Pool in planning stage |
| Harrogate Granby Park | 52,000 | Conventional | Sand | Chlorine Gas | — |
| Harrogate Woodlands | 20,000 | Conventional | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Hartwith Summerbridge | 6,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Hebden Royd Centre, Pitt Street, Hebden Bridge | 6,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Horbury C.E. | 6,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Horbury Bridge C.E. | 8,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Horsforth Featherbank | 6,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | Pool in planning stage |
| Horsforth Training Centre | — | — | — | — | Pool in planning stage |
| Hoyland Common J.M.I. | 6,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Ilkley Grammar | 35,000 | Conventional | Sand | Chlorine Gas | — |
| Ilkley Menston Primary | 25,000 | Constructed Outdoor | Sand | Drip Feed | — |
| Keighley Oakbank Grammar | 60,500 | Conventional | Diatoma- ceous Earth | Chlorine Gas | — |
| Kirk Fenton Parochial | 8,000 | Learner | Sand | Automatic Chlorinator | — |

| School | Pool | | Filtration | Chlorination | Remarks |
|---------------------------------|------------------------|--------------|----------------------------|--------------------------|---|
| | Capacity in gallons | Type | | | |
| Meltham C.E. | 15,000 | Constructed | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Mexborough C.E. | 9,600 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | Pool in planning stage |
| Mexborough Grammar | 18,000 | Learner | Diatoma- ceous Earth | Drip Feed | — |
| Norton J. M. | 8,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | Pool in planning stage |
| Ossett Comprehensive | — | — | — | — | Joint proposals with Ossett M.B. under review |
| Penistone St. John's C. E. | 8,000 | Learner | Canvas Bags | Drip Feed | Pool not used |
| Rawcliffe Training Centre | 8,000 | Learner | Sand | Automatic Chlorinator | — |
| Ripon Grammar | 52,000 | Conventional | Sand | Chlorine Gas | — |
| Rothwell Carlton J.M.I. | 8,000 | Learner | Sand | Drip Feed | — |
| Scawthorpe Secondary | 50,625 | Conventional | Sand | Chlorine Gas | — |
| Scholes J.M.I. | 8,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Scissett Miners Welfare Club | 70,000 | Constructed | Sand | Chlorine Gas | Joint ownership with Denby Dale U.D.C. |
| Shade Primary, Todmorden | 30,000 | Conventional | Sand | Chlorine Gas | — |
| Sherburn in Elmet | 8,000 | Learner | Sand | Drip Feed | — |
| Tadcaster J.M. | 8,000 | Learner | Sand | Automatic Chlorinator | Pool in planning stage |

| School | Pool | | Filtration | Chlorination | Remarks |
|---|----------------------------|------------------------|----------------------------|--------------------------|----------------------------|
| | Capacity in gallons | Type | | | |
| Thorne Grammar | 48,000 | Constructed | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Thrybergh J.M. | 14,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | Pool in planning stage |
| Ulleskelf C.E. | 6,000 | Learner | Canvas Bags | Drip Feed | — |
| Upper Poppleton C.P. | 2 pools 2,000 14,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Upper Wharfedale Secondary | 43,000 | Conventional | Diatoma- ceous Earth | Automatic Chlorinator | Pool under construction |
| Upton - North Elmsall J.M.I. | 21,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| Ward Green J.M.I., Worsbrough | 12,000 | Learner | Diatoma- ceous Earth | Automatic Chlorinator | — |
| West Ardsley Training Centre | — | — | — | — | Pool in planning stage |
| Weston Lane C.P., Otley | 7,000 | Constructed Outdoor | Sand | Added by hand | — |
| Whinburn Special School, Keighley | 5,000 | Learner | Canvas Bags | Drip Feed | — |
| Worsbrough Birdwell C.P. | — | — | — | — | Pool in planning stage |

Table 69 Atmospheric Pollution

| Situation of Instrument | Smoke | | | Volumetric SO ₂ | | |
|--|-----------------------------------|----------------|---------------|---|----------------|---------------|
| | Average Daily Suspended Impurity* | High-est Value | Low-est Value | Average Daily Concentration SO ₂ * | High-est Value | Low-est Value |
| | Microgrammes per cubic metre | | | Microgrammes per cubic metre | | |
| Barnoldswick—Health Department, Fernlea, surrounding district residential and commercial with railway nearby | 85 | 369 | 10 | 97 | 478 | 20 |
| Keighley—First floor of Public Health Department in built-up area in centre of town | 98 | 690 | 14 | 139 | 1,690 | 6 |
| Keighley—Branshaw View, 20ft. above ground in classroom on south-west side of building, ¼ mile south-west of town centre. Surrounding district residential | 50 | 305 | 1 | 47 | 217 | Alk. |
| Bingley—Health Department, Town Hall, 1/5th mile outside town centre, surrounding district parkland | 50 | 510 | 2 | 123 | 822 | 18 |
| Shipley—Health Department, Town Hall, surrounding district residential and commercial | 70 | 532 | 9 | 148 | 683 | 29 |
| Horsforth—Broadway, in residential area, most properties to the south in Smoke Control Areas | 56 | 324 | 2 | 123 | 537 | 11 |
| Otley—First floor of Council Offices, in town centre, mainly manufacturing | 76 | 367 | 7 | | | |
| Pudsey (Stanningley)—“Southville”, Sunfield House, 20 ft. above ground on east side, surrounding district mainly industrial | 71 | 460 | 5 | 143 | 619 | 36 |

*For period of full year unless stated otherwise.

| Situation of Instrument | Smoke | | | Volumetric SO ₂ | | |
|---|-----------------------------------|---------------|--------------|---|---------------|--------------|
| | Average Daily Suspended Impurity* | Highest Value | Lowest Value | Average Daily Concentration SO ₂ * | Highest Value | Lowest Value |
| | Microgrammes per cubic metre | | | Microgrammes per cubic metre | | |
| Pudsey (Farsley)—Farfield House, Farfield Avenue, 20ft. above ground on north side, surrounding district residential | 58 | 423 | 3 | 137 | 548 | 28 |
| Pudsey (Calverley)—M. & C. W. Clinic, Chapel Street, 20ft. above ground on west side, surrounding district parkland and residential | 83 | 479 | 7 | 155 | 704 | 31 |
| Harrogate — Ground floor of Municipal Offices, surrounding district residential and commercial | 54 | 306 | 7 | 91 | 440 | 20 |
| Harrogate — Ground floor of Regional Office, Milk Marketing Board, surrounding district residential and manufacturing | 102 for 11 months | 445 | 5 | 89 for 11 months | 444 | Alk. |
| Harrogate—Wheatlands School, surrounding district low density housing and open parkland | 32 for 10 months | 322 | 2 | 57 for 10 months | 384 | 0 |
| Knaresborough—Knaresborough House, in parkland surrounded by mixed residential and commercial properties, open country to west. | 66 | 366 | 4 | 64 | 332 | 6 |
| Goole—Health Department, Municipal Offices, Stanhope Street, surrounding area commercial, residential and shipping | 32 | 251 | 2 | 136 | 342 | 52 |
| Castleford—First floor of Divisional Health Office, in residential area of industrial town | 210 for 11 months | 887 | 22 | 159 for 11 months | 575 | 38 |

*For period of full year unless stated otherwise.

| Situation of Instrument | Smoke | | | Volumetric SO ₂ | | |
|--|-----------------------------------|---------------|--------------|---|---------------|--------------|
| | Average Daily Suspended Impurity* | Highest Value | Lowest Value | Average Daily Concentration SO ₂ * | Highest Value | Lowest Value |
| | Microgrammes per cubic metre | | | Microgrammes per cubic metre | | |
| Castleford—The Green, Ferry Fryston—situated 12ft. above ground on E. side of the Pavilion, surrounding district residential with open country to E. | 143 | 581 | 7 | 148 | 492 | 54 |
| Castleford—Technical College—in Mining Laboratory 25ft. above ground on W. side of building, open country from S.-S.W., residential and manufacturing S.E., E., N.E., N.-N.W., manufacturing S.W.-N.W. | 110 for 10 months | 577 | 2 | 160 for 10 months | 567 | 44 |
| Normanton—Nevile House. Surrounding district commercial, residential and a few small factories | 157 | 922 | 8 | 162 | 736 | 19 |
| Pontefract—Municipal Offices. In laboratory on second floor in mixed commercial and manufacturing area | 131 | 846 | 16 | 180 | 675 | 29 |
| Pontefract—Moverlay Flatts. In rear storeroom of Council Depot, surrounding district residential | 150 | 714 | 27 | 189 | 656 | 42 |
| Pontefract—Carleton Park. First floor landing of flats in residential area | 84 | 537 | 9 | 146 | 681 | Alk. |
| Horbury—Ground floor lobby of Town Hall, facing east 12ft. above ground, surrounding district residential and manufacturing | 76 for 11 months | 561 | 4 | 138 for 11 months | 780 | 26 |
| Morley—Public Health Inspector's Department, Commercial Street, surrounding district residential, commercial and manufacturing | 99 | 356 | 2 | 140 | 589 | 27 |

*For period of full year unless stated otherwise.

| Situation of Instrument | Smoke | | | Volumetric SO ₂ | | |
|---|-----------------------------------|---------------|--------------|---|---------------|--------------|
| | Average Daily Suspended Impurity* | Highest Value | Lowest Value | Average Daily Concentration SO ₂ * | Highest Value | Lowest Value |
| | Microgrammes per cubic metre | | | Microgrammes per cubic metre | | |
| Morley—Spring Avenue, Gildersome in residential area | 69 | 394 | 6 | 96 | 402 | Alk. |
| Ossett—Croft House—on first floor landing on north-east side of building. Surrounding district residential and commercial | 64 | 536 | 2 | 165 | 873 | 15 |
| Batley—Public Health Department, Market Place, in centre of mixed residential, commercial and manufacturing district | 104 | 570 | 4 | | | |
| Spennborough—Health Centre, Greenside, in small park, residential and commercial area | 80 | 577 | 10 | 143 | 539 | 38 |
| Elland—Council Offices, 20ft. above ground in manufacturing area | 90 | 643 | 11 | 170 | 793 | 7 |
| Hebden Royd (Mytholmroyd)—Redacre Sewage Works, residential and manufacturing area, open country to north | 72 | 574 | 3 | 83 | 521 | 7 |
| Hebden Royd (Hebden Bridge)—On second floor landing of Council Offices, in centre of mixed residential, commercial and manufacturing district | 104 | 803 | 11 | 128 | 712 | 11 |
| Sowerby Bridge—Beech Road. Upper room of Public Health Department in a mainly residential area with some industrial plants 200 yards to East | 69 | 626 | 7 | 154 | 702 | 0 |
| Sowerby Bridge—Wharf Street. Situated on main Yorkshire—Lancashire road carrying heavy traffic, in a mainly commercial area | 84 | 635 | 6 | 93 | 518 | Alk. |

*For period of full year unless stated otherwise.

| Situation of Instrument | Smoke | | | Volumetric SO ₂ | | |
|---|-----------------------------------|---------------|--------------|---|---------------|--------------|
| | Average Daily Suspended Impurity* | Highest Value | Lowest Value | Average Daily Concentration SO ₂ * | Highest Value | Lowest Value |
| | Microgrammes per cubic metre | | | Microgrammes per cubic metre | | |
| Todmorden—In first floor room on south side of Medical Centre, surrounding district mixed residential, commercial, manufacturing and open country | 72 | 419 | 7 | 129 | 608 | 6 |
| Colne Valley—Town Hall, Cross Street, Slaithwaite, in mixed residential and textile manufacturing district | 101 | 574 | 15 | 145 | 581 | 39 |
| Denby Dale—Public Health Inspector's Office, surrounding district mixed residential, manufacturing and open country | 134 | 742 | 27 | 144 | 496 | 51 |
| Denby Dale—Emley C.P. School. In village in open country | 72 | 699 | 3 | 131 | 533 | 42 |
| Holmfirth—On second floor landing of Council Offices, surrounding district open country, residential, commercial and manufacturing | 87 | 514 | 14 | 132 | 477 | Alk. |
| Kirkburton—Council Offices, Kirkheaton in residential area | 104 for 9 months | 425 | 25 | 130 for 9 months | 366 | 34 |
| Meltham—Public Health Inspector's Office, Town Hall, surrounding district residential, manufacturing and open country | 107 for 11 months | 471 | 10 | 93 for 11 months | 297 | Alk. |
| Saddleworth—Sewage Works, Shaw Hall Bank, Greenfield, surrounding district residential, manufacturing and commercial | 73 | 785 | 10 | 81 | 892 | 11 |
| Wortley (Grenoside)—Health Dept., Council Offices, surrounding area industrial and manufacturing | 88 | 407 | 8 | 120 | 392 | 24 |

*For period of full year unless stated otherwise.

| Situation of Instrument | Smoke | | | Volumetric SO ₂ | | |
|---|-----------------------------------|----------------|---------------|---|----------------|---------------|
| | Average Daily Suspended Impurity* | High-est Value | Low-est Value | Average Daily Concentration SO ₂ * | High-est Value | Low-est Value |
| | Microgrammes per cubic metre | | | Microgrammes per cubic metre | | |
| Wortley (Oughtibridge)—County School, Church Street, surrounding district industrial and manufacturing | 60 for 11 months | 592 | 6 | 91 for 11 months | 336 | 12 |
| Hemsworth—Divisional Health Office, Adiscombe House, in residential area | 150 for 10 months | 596 | 10 | 112 for 10 months | 596 | 12 |
| Darton—Council Offices, in semi-residential colliery district. Coke by-product plant 1 mile to S.E. | 133 | 713 | 21 | 105 | 380 | 24 |
| Wombwell—The Gables, semi-residential colliery district | 205 | 880 | 52 | 111 | 495 | 51 |
| Wombwell—The Library, Station Lane, surrounding district residential and commercial | 182 | 655 | 23 | 131 | 471 | 43 |
| Worsbrough—Savile House —8ft. above ground in out-building, rear of Council Offices. Surrounding country open and low density residential | 124 | 572 | 18 | 97 | 374 | 12 |
| Conisbrough—Denaby Clinic, in room facing north. Surrounding district residential —high density | 140 | 505 | 8 | 129 | 436 | 36 |
| Conisbrough—The Priory, in staff dining room facing west. Surrounding district residential—low density | 112 for 9 months | 669 | 21 | 103 for 9 months | 438 | 29 |
| Rawmarsh—Public Health Inspector's Office, in centre of residential and industrial area | 212 | 965 | 14 | | | |

* For period of full year unless stated otherwise.

| Situation of Instrument | Smoke | | | Volumetric SO ₂ | | |
|--|-----------------------------------|---------------|--------------|---|---------------|--------------|
| | Average Daily Suspended Impurity* | Highest Value | Lowest Value | Average Daily Concentration SO ₂ * | Highest Value | Lowest Value |
| | Microgrammes per cubic metre | | | Microgrammes per cubic metre | | |
| Wath upon Dearne—Town Hall, in commercial and residential area with industrial zone 1-2 miles N. to N.E. | 119 | 672 | 9 | 139 | 667 | 32 |
| Bentley with Arksey—Health Department, Chapel Street, semi-residential colliery district | 121 | 600 | 10 | 131 | 384 | 24 |
| Doncaster (Barnby Dun)—Barnby Dun School, in residential area 5 miles north-east of Doncaster C.B. | 71 | 461 | 0 | 103 | 448 | 8 |
| Doncaster (Askern)—In Askern Clinic 6 miles south of Doncaster with open country to the south, residential to the north-east, heavy industry to north-west | 70 | 302 | 1 | 133 | 947 | 12 |
| Thorne—Council Offices, in semi-residential colliery district | 89 for 11 months | 522 | 22 | | | |

*For period of full year unless stated otherwise.

Table 70 Welfare of the Epileptic and Spastic—Particulars of known Epileptics and Spastics

| | Number | |
|---|------------|----------|
| | Epileptics | Spastics |
| <i>Adults</i> | | |
| Provided with accommodation under Part III of the National Assistance Act, 1948: | | |
| (a) in homes for epileptics | 73 | |
| (b) in homes for spastics and other handicapped persons ... | | 24 |
| (c) in County establishments and establishments where County Council has 'right of user' | 57 | |
| Registered under the County Council's scheme of Welfare Services for Handicapped Persons (General Classes) and not shown above | 163 | 237 |
| <i>Children</i> | | |
| Number ascertained as handicapped: | | |
| (a) Approximate number attending ordinary schools | not known | 62 |
| (b) Attending special schools | 23 | 92 |
| (c) Receiving home tuition | | 3 |
| (d) Attending training centres for the mentally subnormal ... | 107 | 80 |
| Plus 30 children suffering from both epilepsy and spasticity | | |

Table 71 Certification and Treatment of Blind and Partially Sighted Persons

The following table gives particulars of new registrations during 1968 of Blind and Partially Sighted persons (other than handicapped school children.)

| | Disability (B.—Blind, P.S.—Partially Sighted) | | | | | | | | | |
|--|---|------|----------|------|---------------------------|------|--------|------|-------|------|
| | Cataract | | Glaucoma | | Retro-lental Fibro-plasia | | Others | | Total | |
| | B. | P.S. | B. | P.S. | B. | P.S. | B. | P.S. | B. | P.S. |
| (i) Number of cases registered during the year in respect of which Section F recommends: | | | | | | | | | | |
| (a) No treatment | 84* | 42† | 12 | 1 | — | — | 81 | 27 | 177 | 70 |
| (b) Treatment (medical, surgical, optical or ophthalmic medical supervision) | 132‡ | 139= | 33 | 22 | — | — | 86 | 109 | 251 | 270 |
| (ii) Number of cases at (i) (b) above who received treatment ... | 80 | 93 | 25 | 19 | — | — | 64 | 86 | 169 | 198 |

* Includes 9 cases of cataract with glaucoma.

† Includes 4 „ „ „ „ „

‡ Includes 41 „ „ „ „ „

= Includes 19 „ „ „ „ „

Table 72 Residential Accommodation—(National Assistance Act, 1948)

Under the scheme for residential accommodation the County Medical Officer is responsible for the general medical oversight of the following:

| Establishment | Superintendent/Matron | Telephone Number | No. of Residents |
|--|---------------------------|------------------|------------------|
| The Shroggs, Skipton Road, Steeton | Miss E. M. Wolstenholme | Steeton 3213 | 20 |
| Farfield Hall, Bolton Road, Addingham | Mrs. B. Edwards | Bolton Abbey 241 | 30 |
| Neville House, Neville Crescent, Gargrave | Mr. and Mrs. S. Blackburn | Gargrave 349 | 34 |
| Sharow View, Allhallowgate, Ripon | Mr. and Mrs. E. Brook | Ripon 2238 | 73 |
| The Beeches, Leeds Road, Tadcaster | Mr. and Mrs. H. G. Jenner | Tadcaster 2113 | 111 |

| Establishment | Superintendent/Matron | Telephone Number | No. of Residents |
|---|---------------------------|---------------------------|------------------|
| Wharfedale Lawn, Westgate, Wetherby | Mrs. L. Oliver | Wetherby 2446 | 20* |
| The Grove, 80, High Street, Starbeck | Miss W. Smeaton | Harrogate 83980 | 19* |
| Springfield Garth, York Road, Boroughbridge | Mr. and Mrs. J. Howarth | Boroughbridge 2189 | 34 |
| Fircroft, Wighill Lane, Tadcaster... .. | Mrs. L. McLaughlin | Tadcaster 3204 | 27 |
| Woodfield House, Woodfield Square, Harrogate | Mr. and Mrs. E. Drake | Harrogate 68728 | 34 |
| Thornton View, Thornton View Road, Pasture Lane, Clayton, Bradford | Mr. and Mrs. F. Innis | Queensbury 2007/8 | 191 |
| Hillworth Lodge, Oakworth Road, Keighley | Mr. and Mrs. D. Moor | Keighley 4014 | 153 |
| Woodville, Spring Gardens Lane, Keighley | Mrs. C. Robinson | Keighley 2428 | 20 |
| Crow Trees, Leeds Road, Rawdon | Mrs. J. Mitchell | Rawdon 2908 | 20 |
| Burley Hall, Burley in Wharfedale, Nr. Ilkley | Mrs. D. Carling | Burley in Wharfedale 2334 | 27 |
| Park House, 41, Lister Lane, Bolton, Bradford 2... .. | Mr. and Mrs. L. Gillard | Bradford 639913 | 22† |
| Moor Court, Fieldway, Ben Rhydding | Mr. and Mrs. G. W. Deacon | Ilkley 4734 | 34 |
| Littlelands Court, Littlelands, Cottingley | Mr. and Mrs. P. Hale | Bingley 5330 | 34 |
| Manorfield House, Manor Road, Horsforth | Mr. and Mrs. G. Bevitt | Horsforth 3561 | 34 |
| Heather Court, Main Street, Menston | Mr. and Mrs. W. Reilly | Menston 4813 | 34 |
| Hall Croft, Church Street, Windhill, Shipley | Mr. and Mrs. H. Gledhill | Shipley 58071 | 34 |
| Glenholme, Green Lane, West Vale, Greetland | Mr. and Mrs. J. Ellis | Elland 2985 | 35 |
| Stoneswood, Oldham Road, Delph | Miss M. C. Murphy | Saddleworth 4300 | 20 |

* Women only † Men only

| Establishment | Superintendent/Matron | Telephone Number | No. of Residents |
|---|----------------------------|--------------------|------------------|
| Thornhill Grange, Hanson Road, Rastrick | Mr. and Mrs. W. Corbett | Brighouse 4810 | 44 |
| Heathlands, Meal Hill Lane, Slaithwaite | Mr. and Mrs. J. L. Raine | Slaithwaite 2856 | 34 |
| Longlands, Leeds Road, Lightcliffe, Nr. Halifax | Mrs. E. G. Iddon | Halifax 21254 | 20 |
| Scaitcliffe Hall, Burnley Road, Todmorden | Mrs. N. M. Harris | Todmorden 2814 | 24 |
| Scissett Mount, Busker Lane, Scissett | Mr. and Mrs. J. G. Raby | Skelmanthorpe 3260 | 34 |
| Belle Vue House, Belle Vue Road, Shelf, Halifax ... | Mr. and Mrs. R. Glew | Bradford 679011 | 34 |
| Fieldhead, Fieldway, Shepley, Huddersfield... .. | Mr. and Mrs. S. Fildes | Kirkburton 3369 | 34 |
| Brig Royd House, Halifax Road, Ripponden, Halifax ... | Mr. and Mrs. J. D. Clee | Ripponden 3374 | 34 |
| Greenacres, Huddersfield Road, Meltham | Mr. and Mrs. A. J. Kershaw | Meltham 669 | 34 |
| Stanley View, Park Lodge Lane, Wakefield | Mr. and Mrs. F. W. Radley | Wakefield 71016 | 177 |
| Beech Towers, Halifax Road, Staincliffe, Nr. Dewsbury ... | Mr. and Mrs. N. W. Jones | Dewsbury 5691 | 246 |
| Knowl Park House, Crow Lees Road, Mirfield | Mr. and Mrs. M. McEwan | Mirfield 2583 | 34 |
| Knowle Manor, Tennyson Terrace, Morley... .. | Mr. and Mrs. J. Brown | Morley 4740 | 34 |
| Walton House, Shay Lane, Walton, Nr. Wakefield ... | Miss M. Manterfield | Wakefield 55242 | 20 |
| Home Lea House, Wood Lane, Rothwell | Mr. and Mrs. H. Roberts | Rothwell 3218 | 34 |
| Turnsteads, Whitcliffe Road, Cleckheaton... .. | Mrs. J. E. L. Thwaites | Cleckheaton 2972 | 22 |
| Brook Lodge, Brook Street, Selby | Mr. and Mrs. T. Bradley | Selby 2815 | 102 |
| Northgate Lodge, Skinner Lane, Pontefract | Mr. and Mrs. G. H. French | Pontefract 3351/2 | 162 |

| Establishment | Superintendent/Matron | Telephone Number | No. of Residents |
|--|-------------------------------|-----------------------|------------------|
| Parklands, Station Road, Rawcliffe, Goole | Mr. and Mrs. H. A. Sylvester | Rawcliffe 226 | 34 |
| Mill Garth House, Mill Hill Lane, Pontefract | Mr. and Mrs. J. T. Fenton | Pontefract 3593 | 44 |
| Newfield, Brookfield Avenue, Pontefract Road, Castleford | Mr. and Mrs. W. Powell | Castleford 4110 | 34 |
| Norman House, Attlee Street, Normanton | Mr. and Mrs. A. S. Huxley | Normanton 2366 | 34 |
| Fearndale, Purston Park, Featherstone | Mr. and Mrs. C. W. Hutchinson | Featherstone 642 | 34 |
| Bullenshaw House, Bullenshaw Road, Hemsworth | Mr. and Mrs. R. A. Harris | Hemsworth 722 | 34 |
| Langthwaite House, Barnsley Road, South Kirkby ... | Mr. and Mrs. J. A. Bromley | South Elmsall 2510 | 34 |
| Highfield House, Love Lane, Castleford | Mr. and Mrs. G. Harrison | Castleford 3767 | 34 |
| Boothferry House, Airmyn Road, Goole | Mr. and Mrs. M. J. Midgley | Goole 2471 | 34 |
| Willow Grange, Fitzwilliam Street, Kinsley | Mr. and Mrs. E. Saddington | Hemsworth 371 | 34 |
| Grange Court, Church Lane, Garforth | Mr. and Mrs. P. R. Dulley | Garforth 4845 | 34 |
| Haynes House, Haynes Road, Thorne | Mr. and Mrs. C. Naylor | Thorne 3395 | 34 |
| Don View, 22, Thellusson Avenue, Scawsby, Nr. Doncaster | Mr. and Mrs. W. R. Howells | Doncaster 2257 | 38 |
| Rose House, Church Street, Armthorpe, Doncaster ... | Mr. and Mrs. M. Rogers | Armthorpe 450 | 34 |
| Owston View, Lodge Road, Carcroft | Mr. and Mrs. A. Brearley | Adwick le Street 3368 | 34 |
| Dearnlea, Park Road, Thurnscoe | Mr. and Mrs. J. M. Raine | Goldthorpe 3094 | 34 |
| Rowena House, Old Road, Conisbrough | Mr. and Mrs. J. Harrison | Conisbrough 2331 | 34 |
| Rolleston House, High Street, Maltby | Mr. and Mrs. G. T. Nutt | Maltby 2118 | 41 |

| Establishment | Superintendent/Matron | Telephone Number | No. of Residents |
|---|---------------------------|---------------------|------------------|
| Highfield, Woodsetts Road, North Anston, Nr. Sheffield | Mr. and Mrs. E. B. Stone | Dinnington 2593 | 34 |
| Winterwell House, Dryden Road, West Melton, Wath on Dearne, Nr. Rotherham | Mr. and Mrs. E. Bradley | Wath on Dearne 2096 | 34 |
| Monkwood House, Whiteleys Avenue, Rawmarsh, Nr. Rotherham | Mr. and Mrs. W. Butler | Rawmarsh 2651 | 34 |
| Haworth House, Brinsworth Lane, Brinsworth | Mr. and Mrs. J. C. Milne | Rotherham 3373 | 34 |
| Oaklands, Oakdale, Worsbrough Bridge | Mr. and Mrs. A. Wild | Barnsley 5529 | 41 |
| Netherfields, Sheffield and Halifax Road, Penistone ... | Mr. and Mrs. C. Stoney | Penistone 2144 | 62 |
| Wombwell Grange, Park Street, Wombwell | Mrs. K. M. Smith | Wombwell 2186 | 17* |
| Mortomley House, High Green, Nr. Sheffield... .. | Mr. and Mrs. G. A. Smith | High Green 323 | 45 |
| Oakwood, Back Lane, Royston, Nr. Barnsley... .. | Mr. and Mrs. J. Wakeling | Royston 725 | 34 |
| Carlton House, Carlton Street, Cudworth, Nr. Barnsley ... | Mr. and Mrs. J. Lodge | Cudworth 389 | 34 |
| Charnwood House, Charnwood Street, Swinton | Mrs. and Mrs. J. Carroll | Mexborough 2236 | 34 |
| Starbeck House, 35 Avenue Close, Starbeck | Mr. and Mrs. E. Hubbick | Harrogate 86490 | 34 |
| Sowood Grange, Station Road, Ossett | Mr. and Mrs. J. Grant | Ossett 3105 | 34 |
| Eddercliffe Grange, Littleton, Liversedge | Mr. and Mrs. R. C. Cost | Cleckheaton 4803 | 34 |
| Yew Tree House, Askern Road, Bentley | Mrs. S. G. Kenny | Doncaster 54620 | 34 |
| Oldfield House, Oldfield Lane, Stainforth | Mr. and Mrs. V. Horne | Stainforth 753 | 34 |
| Water Royd House, Gilroyd, Dodworth | Mr. and Mrs. A. Heathcock | Barnsley 81389 | 34 |

* Women only

Table 73 Registration and Inspection of Disabled and Old Persons' Homes—
(National Assistance Act, 1948)

| Establishment | Number of Resi- dents | Type of Home *(Part I, II or III) |
|---|--------------------------------|--|
| Congregation of Sisters of Charity of our Lady of Good and Perpetual Succour, St. Anne's Convent, Burghwallis, Doncaster | 34 | I |
| Harrogate Old People's Home, 66-68, Cold Bath Road, Harrogate ... | 36 | I |
| Ernest Ayliffe Home for the Deaf and Dumb, Fulford Grange, Rawdon | 32 | II |
| North Regional Association for the Blind, "Oaklands," Huddersfield Road, Holmfirth | 30 | II |
| Keighley & District Institute for the Blind, 13-15, Scott Street, Keighley | 27 | II |
| Mrs. M. L. Harris, The Woodlands, Farrer Lane, Oulton | 21 | I |
| Methodist Homes for the Aged, "Glen Rosa," Grove Road, Ilkley... | 32 | I |
| Methodist Homes for the Aged, Berwick Grange, 5, Otley Rd., Harrogate | 34 | I |
| Highfield Home for the Blind, Soothill Lane, Batley | 14 | II |
| Catholic Women's League, Clitherow House, 49, Valley Dr., Harrogate | 16 | I |
| Miss L. W. Miller, "Greylands," Forest Moor, Knaresborough ... | 7 | I |
| Mr. E. Fowler, Haversham Court, Ben Rhydding Road, Ilkley ... | 26 | III |
| Mrs. D. Wood, Gratton Home for Aged Ladies, 11, East View Terrace, Otley | 18 | I |
| Mrs. A. C. Shepley, Batley Hall, Upper Batley | 13 | I |
| Mrs. A. Carter-Squire, "Newlands," 58, Harlow Moor Drive, Harrogate | 9 | I |
| Yorkshire Association for the Disabled, St. George's House, Otley Road, Harrogate | 88 | II |
| Mr. J. N. and Mrs. A. M. Gill, The Gables, Norland, Sowerby Bridge | 11 | I |
| Mrs. M. Fell, Oakfield, Thwaites Brow, Keighley | 5 | I |
| Mrs. M. R. Dodds, Lansdown, 30, Westcliffe Grove, Harrogate ... | 8 | I |
| Mr. and Mrs. G. North, "Burnlee House," Park Head, Holmfirth ... | 17 | I |
| Mrs. Minnie Satariano, "Downside," 15, Otley Road, Harrogate ... | 15 | I |
| Mrs. Alice McConney, Elm Bank, 242, Park Lane, Keighley ... | 8 | I |
| Mr. Douglas Kneen, Thorpe House, Triangle, near Halifax | 16 | I |
| Mrs. Doreen May Thompson, Brooklands, Harper Lane, Yeadon ... | 6 | I |
| Mrs. R. E. Higgins, Housley Manor, Housley Hall Lane, Chapeltown | 16 | I |
| Pentecostal Eventide Housing Association, Brooklands, Bakewell, Pentecostal Eventide Home, Bradford Road, Wrenthorpe | 30 | I |
| Mrs. Hester Walker, Granville House, Exley Road, Keighley ... | 9 | III |
| Mrs. A. G. Turner and Miss G. Carradice, Ghyll Court, The Wells Walk, Ilkley | 22 | I |
| Mrs. K. M. Pay, 60, Franklin Road, Harrogate | 7 | I |
| Mr. F. Vasey (Kildare Lodge Ltd.), Kildare Lodge, 23, Park Drive, Harrogate | 9 | I |
| Mr. J. Perry, Hartwell Home, Raincliffe, Thorpe Hesley | 22 | I |
| Mrs. Freda Mary Hodge, The Redlands, 21, Grove Road, Harrogate | 6 | I |
| Keighley and District Institution for the Blind, Home for the Blind, Westfield, Bromley Road, Bingley | 16 | II |
| Mr. and Mrs. J. Slater, Hartrigg House, Buckden, via Skipton ... | 10 | I |
| Pentecostal Eventide Home, Aismunderby Close, Quarry Moor Lane, Ripon | 18 | I |
| Mrs. Dorothy Pearson, Thornlea Villas, Holme House Road, Cornholme, Todmorden | 6 | I |
| Mrs. L. Lawrence, Fearby House, 77, High Street, Starbeck, Harrogate | 6 | I |
| Mr. Geoffrey Noble and Mrs. Brenda Ainsworth, Bankfield Guest House, Hollins Lane, Sowerby Bridge | 13 | I |

| Establishment | Number of Residents | Type of Home *(Part I, II or III) |
|---|---------------------|--------------------------------------|
| Mrs. B. Townend, Lyndon Rest Home, 30, Ripon Road, Harrogate... | 10 | I |
| Pudsey Voluntary Committee for the Welfare of the Blind, Lynnwood Centre and Residential Home, 18, Alexandra Road, Pudsey ... | 9 | II |
| Mrs. A. McConney, "Christony," Beech Grove, Sutton in Craven ... | 12 | I |
| Sue Ryder Home for Concentration Camp Survivors, Hickleton Hall, Nr. Doncaster ... | 27 | III |
| Mrs. Hilda Mary Dobson, Carr Farm, Darley, Nr. Harrogate ... | 5 | I |
| Mrs. W. G. Pickering, "Fairholme," Hebers Ghyll Drive, Ilkley ... | 8 | I |
| Mrs. M. Jowett, Valley View Rest Home, 4, Cross Banks, Otley Road, Shipley ... | 7 | I |
| Mrs. Doris Jervis, Glenayr Rest Home, 19, Franklin Mount, Harrogate | 5 | I |
| Mrs. Audrey Milnes, Maple Grange, 16, Roseville Road, Harrogate | 5 | I |
| Mr. and Mrs. T. H. Horsfall, The Woodlands, Gelderd Road, Gildersome ... | 20 | I |
| Mr. and Mrs. A. K. Sims, Oaklands, Turnshaw Road, Kirkburton, Huddersfield ... | 26 | III |
| Mrs. C. Holmes, Hill Crest, 40, Harlow Moor Drive, Harrogate ... | 10 | I |
| Mrs. E. White and Mr. J. Shilson, Park Lodge Rest Home, 34, Park Avenue, Harrogate ... | 12 | I |
| Mr. and Mrs. J. C. Van Der Velde, Waldernheath Hotel for the Elderly, 60, Cornwall Road, Harrogate ... | 22 | I |
| Mrs. K. Gregg, Wyndcliffe, Wilton Road, Ilkley ... | 9 | I |
| Mrs. N. Cassells, 9, Whitcliffe Crescent, Ripon... .. | 6 | I |
| Miss A. Watson, 1, Mayfield Villas, Kirklands Road, Baildon ... | 4 | I |
| Miss M. R. Murison, 10, Regal Flats, Clarence Drive, Harrogate ... | 3 | I |
| Mrs. P. H. Booth, Fellston, 5, Clifton Road, Ilkley ... | 15 | I |
| The Management Committee of the West Riding Cheshire Homes, White Windows, Sowerby Bridge ... | 35 | III |
| Mr. and Mrs. C. Morritt, Welland Villa, 53, Richardshaw Lane, Pudsey | 6 | I |
| Mrs. J. V. Minogue, Straythorpe, 40, York Place, Harrogate ... | 5 | I |
| Mr. A. S. Burch, Meralda Hotel, 13-15, Grove Road, Harrogate ... | 14 | I |
| Mrs. Jean Pawlett, The Borrins, Station Road, Baildon ... | 13 | I |
| Mrs. J. M. Barker, Ivy Bank, 162, Highfield Lane, Keighley ... | 5 | I |
| Mrs. Doris Jervis, Straymede, 38, York Place, Harrogate ... | 11 | I |
| Mr. A. J. and Mrs. A. S. Lee, Springfield, 3 Lowther Avenue, Garforth | 12 | I |
| <i>Incorporated by Royal Charter</i> | | |
| Lister House, Sharow, near Ripon | 70 approx. | III (and Hospital cases) |

* Part I—Homes for Old Persons.
 Part II—Homes for Disabled Persons.
 Part III—Homes for Old and Disabled Persons.

Table 74 Registration of Nursing Homes

| Div. No. | Name and Address of Nursing Home | Number of beds registered | |
|-------------|---|------------------------------|-------|
| | | Maternity | Other |
| 1 | “ Christony ”, Eshton Hall, Gargrave | — | 26 |
| 3 | Norwood House, High Spring Gardens Lane, Keighley ... | — | 14 |
| | Sunnybank, Braithwaite, Keighley | — | 9 |
| 4 | Elmhurst, Hall Bank Drive, Bingley | — | 3 |
| | Thornfield, Micklethwaite, Bingley | — | 11 |
| 5 | Ardenlea, Queen’s Drive, Ilkley (Marie Curie Memorial Foundation) | — | 33 |
| | Hanford House, 22, Margerison Road, Ben Rhydding, Ilkley | — | 7 |
| | Jesmond, New Street, Farsley | — | 7 |
| | Oak Bank, Outwood Lane, Horsforth | — | 10 |
| | St. Joseph’s Convalescent Home, Outwood Lane, Horsforth... | — | 45 |
| 7 | Cavendish, 17, Cavendish Avenue, Harrogate... .. | — | 16 |
| | Clova, 1, Clotherholme Road, Ripon | — | 21 |
| | Courtfield, 3, St. James’s Drive, Harrogate | — | 14 |
| | Duchy House, 9, Queen’s Road, Harrogate | 5 | 30 |
| | Edenfield, 3, Tewit Well Road, Harrogate | — | 32 |
| | Ellangowan, 26, Queen’s Road, Harrogate | — | 16 |
| | Hampden House, 120, Duchy Road, Harrogate | — | 46 |
| | Heatherwood, 17, Duchy Road, Harrogate | — | 14 |
| | Hereford, 16, Hereford Road, Harrogate | — | 22 |
| | Kingsley, 38, Ripon Road, Harrogate | — | 26 |
| | Norman Lodge, 58, Kent Road, Harrogate | — | 29 |
| | Strathroy, 115, Franklin Road, Harrogate | — | 6 |
| | The Pines, 57, Harlow Moor Drive, Harrogate | — | 14 |
| | Westfield, Killinghall, Harrogate | — | 9 |
| 9 | Cheshire Home, Spofforth Hall, Spofforth, Harrogate ... | — | 28 |
| 15 | Cheshire Home, Kenmore, Whitcliffe Road, Cleckheaton ... | — | 27 |
| 20 | Woodend, Atherton Street, Springhead | — | 13 |

Table 75 The Medical Inspection of School Children
NUMBER OF PUPILS ON REGISTERS

| | Boys | Girls | Total |
|-----------------------------------|--------|--------|---------|
| Nursery | 334 | 311 | 645 |
| Primary | 94,387 | 89,869 | 184,256 |
| Secondary | 57,761 | 54,891 | 112,352 |
| Special Schools (Boarding) | 245 | 110 | 355 |
| Special Schools (Day) | 417 | 311 | 728 |
| Special Schools (Hospital) | 87 | 43 | 130 |

TABLE I

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)**

A.—Periodic Medical Inspections

Age groups inspected (by year of birth) and number of pupils examined in each, together with classification of the physical condition of the pupils inspected.

| Age groups inspected (Year of Birth) | Number of Pupils who have received a full medical examination | Physical Condition of Pupils Inspected | | Number of Pupils found not to warrant a medical examination (See Note below) |
|--|---|---|---------------------------|--|
| | | Satisfactory No. | Unsatisfactory No. | |
| (1) | (2) | (3) | (4) | (5) |
| 1964 and later ... | 2,322 | 2 316 | 6 | — |
| 1963 ... | 15,299 | 15 260 | 39 | — |
| 1962 ... | 11,663 | 11,648 | 15 | — |
| 1961 ... | 3,415 | 3,409 | 6 | 490 |
| 1960 ... | 5,313 | 5,298 | 15 | 2,971 |
| 1959 ... | 2,757 | 2,752 | 5 | 1,791 |
| 1958 ... | 1,589 | 1,560 | 29 | 2,291 |
| 1957 ... | 2,428 | 2,423 | 5 | 2,746 |
| 1956 ... | 1,754 | 1,754 | — | 2,391 |
| 1955 ... | 516 | 514 | 2 | 1,609 |
| 1954 ... | 3,526 | 3,524 | 2 | 1,069 |
| 1953 and earlier ... | 8,733 | 8,729 | 4 | 1,733 |
| Total ... | 59,315 | 59,187 | 128 | 17,091 |

Column (3) total as a percentage of Column (2) total ... 99·78%
Column (4) total as a percentage of Column (2) total... 0·22%

NOTE: As selective examinations have been carried out, Column (5) above gives the number of pupils who have been “interviewed” or “discussed” at case conferences and found not to warrant a medical examination.

B.—Other Inspections

| | |
|-------------------------------|--------|
| Number of Special Inspections | 13,704 |
| Number of Re-Inspections ... | 7,080 |
| Total ... | 20,784 |

The number of children examined during 1968 shows a decrease on the 1967 figures:

| Year | Periodics | Other Inspections | Number of pupils found not to warrant an examination on Selective Procedures |
|------|-----------|-------------------|--|
| 1967 | 68,382 | 19,313 | 8,079 |
| 1968 | 59,315 | 20,784 | 17,091 |

C.—Pupils Found to Require Treatment

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

| Group (Year of Birth) | For defective vision excluding squint | For any of the other conditions recorded in Table III | Total individual pupils |
|--------------------------|---|--|----------------------------|
| 1964 and later | 19 | 159 | 175 |
| 1963 | 455 | 1,396 | 1,766 |
| 1962 | 373 | 944 | 1 253 |
| 1961 | 136 | 286 | 396 |
| 1960 | 248 | 703 | 926 |
| 1959 | 121 | 335 | 437 |
| 1958 | 86 | 129 | 208 |
| 1957 | 180 | 232 | 392 |
| 1956 | 135 | 203 | 320 |
| 1955 | 40 | 80 | 115 |
| 1954 | 215 | 391 | 570 |
| 1953 and earlier | 483 | 601 | 1,055 |
| Total | 2,491 | 5,459 | 7,613 |

TABLE II
INFESTATION WITH VERMIN

| | |
|--|---------|
| (i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons | 446,713 |
| (ii) Total number of individual pupils found to be infested | 7,980 |
| (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) | 173 |
| (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) | 16 |

The percentage of infested pupils found during 1968 was 1·78 as opposed to a percentage of 1·56 in 1967.

TABLE III

DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1968

NOTE.—All defects noted at medical inspection as requiring treatment are included in this table, whether or not this treatment was begun before the date of the inspection

| Defect Code No. | Defect or Disease | PERIODIC INSPECTIONS | | | | | | SPECIAL INSPECTIONS | |
|-----------------------|--|------------------------|--------------------------|------------------------|--------------------------|--|--------------------------|------------------------|--------------------------|
| | | Entrants | | Leavers | | TOTAL (including all other periodic age groups inspected) | | Requiring treatment | Requiring observation |
| | | Requiring treatment | Requiring observation | Requiring treatment | Requiring observation | Requiring treatment | Requiring observation | | |
| 4 | Skin | 282 | 775 | 293 | 261 | 874 | 1,369 | 414 | 242 |
| 5 | Eyes— a. Vision b. Squint c. Other | 926 365 36 | 1,797 605 102 | 684 19 18 | 1,222 108 111 | 2,464 506 75 | 4,116 943 293 | 552 84 24 | 1,608 246 59 |
| 6 | Ears— a. Hearing b. Otitis Media c. Other | 239 108 30 | 985 674 125 | 47 36 16 | 112 94 39 | 463 205 70 | 1,542 1,053 227 | 296 77 39 | 610 171 39 |
| 7 | Nose and Throat | 465 | 1,837 | 84 | 210 | 779 | 2,619 | 213 | 677 |
| 8 | Speech | 227 | 823 | 22 | 53 | 335 | 1,066 | 189 | 304 |
| 9 | Lymphatic Glands | 27 | 546 | 5 | 33 | 44 | 686 | 13 | 157 |
| 10 | Heart | 68 | 484 | 19 | 101 | 107 | 793 | 35 | 299 |
| 11 | Lungs | 145 | 797 | 27 | 160 | 282 | 1,274 | 98 | 364 |
| 12 | Developmental— a. Hernia b. Other | 67 88 | 123 715 | 5 79 | 11 83 | 93 276 | 178 1,074 | 11 75 | 46 321 |
| 13 | Orthopaedic— a. Posture b. Feet c. Other | 22 190 78 | 100 565 418 | 11 51 41 | 38 192 129 | 48 369 165 | 207 1,017 707 | 2 108 83 | 68 303 197 |
| 14 | Nervous System— a. Epilepsy b. Other | 31 78 | 93 378 | 11 29 | 28 48 | 71 197 | 187 612 | 38 51 | 80 142 |
| 15 | Psychological— a. Development b. Stability | 25 59 | 273 1,003 | 6 24 | 39 115 | 112 155 | 508 1,466 | 412 381 | 370 491 |
| 16 | Abdomen | 31 | 143 | 18 | 32 | 69 | 278 | 18 | 50 |
| 17 | Other | 288 | 881 | 190 | 180 | 726 | 1,391 | 191 | 633 |

TABLE IV
TREATMENT OF PUPILS

Notes

The figures given under this heading include:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Boards;
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Figures under this section are incomplete as one has to rely on hospital discharge notifications and other agencies.

| | | | | | | | | | | Number of cases known to have been dealt with |
|--|--|--|--|--|--|--|--|--|--|---|
| <i>Group 1. Eye Disease, Defective Vision and Squint</i> | | | | | | | | | | |
| External and other, excluding errors of refraction and squint | | | | | | | | | | 917 |
| Errors of refraction (including squint) | | | | | | | | | | 19,808 |
| | | | | | | | | | | |
| Total | | | | | | | | | | 20,725 |
| | | | | | | | | | | |
| Number of pupils for whom spectacles were prescribed | | | | | | | | | | 4,747 |
| | | | | | | | | | | |
| | | | | | | | | | | Number of cases known to have been treated |
| <i>Group 2. Diseases and Defects of Ear, Nose and Throat</i> | | | | | | | | | | |
| Received operative treatment: | | | | | | | | | | |
| (a) for diseases of the ear | | | | | | | | | | 78 |
| (b) for adenoids and chronic tonsillitis | | | | | | | | | | 1,222 |
| (c) for other nose and throat conditions | | | | | | | | | | 48 |
| Received other forms of treatment | | | | | | | | | | 243 |
| | | | | | | | | | | |
| Total | | | | | | | | | | 1,591 |
| | | | | | | | | | | |
| Total number of pupils in schools who are known to have been provided with hearing aids: | | | | | | | | | | |
| (a) in 1968 | | | | | | | | | | 55 |
| (b) in previous years | | | | | | | | | | 222 |
| | | | | | | | | | | |
| <i>Group 3. Orthopaedic and Postural Defects</i> | | | | | | | | | | |
| (a) Pupils treated at clinics or out-patient departments | | | | | | | | | | 937 |
| (b) Pupils treated at school for postural defects | | | | | | | | | | 47 |
| | | | | | | | | | | |
| Total | | | | | | | | | | 984 |

| | | | | | | | | | | Number of cases known to have been treated |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| <i>Group 4. Diseases of the skin (excluding uncleanliness for which see Table II)</i> | | | | | | | | | | |
| Ringworm—(a) Scalp | ... | ... | ... | ... | ... | ... | ... | ... | ... | 4 |
| (b) Body | ... | ... | ... | ... | ... | ... | ... | ... | ... | 15 |
| Scabies | ... | ... | ... | ... | ... | ... | ... | ... | ... | 506 |
| Impetigo | ... | ... | ... | ... | ... | ... | ... | ... | ... | 150 |
| Other skin diseases | ... | ... | ... | ... | ... | ... | ... | ... | ... | 995 |
| Total | | | | | | | | | | <u>1,670</u> |
| <i>Group 5. Child Guidance Treatment</i> | | | | | | | | | | |
| Number of pupils treated at Child Guidance clinics under arrangements made by the Authority | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2,027 |
| <i>Group 6. Speech Therapy</i> | | | | | | | | | | |
| Number of pupils treated by Speech Therapists under arrangements made by the Authority | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,688 |
| <i>Group 7. Other Treatment Given</i> | | | | | | | | | | |
| (a) Number of cases of miscellaneous minor ailments treated by the Authority | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1,775 |
| (b) Pupils who received convalescent treatment under School Health Service arrangements | ... | ... | ... | ... | ... | ... | ... | ... | ... | 17 |
| (c) Pupils who received B.C.G. vaccination | ... | ... | ... | ... | ... | ... | ... | ... | ... | 14,913 |
| (d) Other: | | | | | | | | | | |
| 1. Ultra Violet Light Treatment | ... | ... | ... | ... | ... | ... | ... | ... | ... | 24 |
| 2. Remedial Exercises | ... | ... | ... | ... | ... | ... | ... | ... | ... | 12 |
| 3. Audiology | ... | ... | ... | ... | ... | ... | ... | ... | ... | 158 |
| 4. Abdominal defects | ... | ... | ... | ... | ... | ... | ... | ... | ... | 31 |
| 5. Chest and Heart | ... | ... | ... | ... | ... | ... | ... | ... | ... | 54 |
| 6. Miscellaneous | ... | ... | ... | ... | ... | ... | ... | ... | ... | 939 |
| Total (a)—(d) | | | | | | | | | | <u>17,123</u> |

Table 76 Care of the Handicapped Pupil

The following table gives details of handicapped pupils and placings in special schools and hostels during the year, and particulars of the number of children in residence in special schools at the end of the year:

| Category | New Ascertainments | New Placings in Special Schools | Total No. attending Special Schools | | No. Boarded in Homes or Hostels | No. Attending Independent Schools | No. Awaiting Placement in Special Schools | No. receiving Home Tuition |
|--------------------------------|-----------------------|------------------------------------|--|---------------|---------------------------------------|---|---|-------------------------------|
| | | | Day | Board- ing | | | | |
| Blind | 5 | 9 | — | 59 | — | — | 6 | — |
| Partially Sighted | 13 | 11 | 28 | 26 | — | — | 6 | 1 |
| Deaf | 13 | 32 | 43 | 125 | — | — | 7 | — |
| Partially Hearing | 10 | 18 | 32 | 38 | — | 1 | 5 | — |
| Delicate | 53 | 59 | 28 | 88 | 1 | — | 10 | 1 |
| *Physically Handicapped | 56 | 57 | 105 | 132 | 1 | 10 | 26 | 26 |
| Educationally Subnormal | 304 | 288 | 943 | 272 | — | 21 | 327 | 2 |
| Maladjusted | 36 | 34 | — | 55 | 23 | 6 | 38 | 3 |
| Epileptic | 6 | 4 | — | 23 | — | — | 3 | — |
| Speech Defects | 1 | — | 1 | 1 | — | — | 3 | — |
| Totals | 497 | 512 | 1,180 | 819 | 25 | 37 | 431 | 33 |

* Excluding children sent to or awaiting places in hospital schools.

Table 77 Educable Children Suffering from Cerebral Palsy

The following table gives the details relating to educable cerebral palsied children in the West Riding including children of pre-school age:

| Total No. of educable Spastics | No. accom- modated in Special Schools | No. attending Ordinary Schools | | No. receiving Home Tuition | No. receiving no Education |
|--------------------------------------|--|--------------------------------|--|-------------------------------------|-------------------------------------|
| | | Satisfactorily | Needing placement in Special Schools | | |
| 157 | 92 | 40 | 22 | 3 | — |

Table 78 Audiological Clinics

SUMMARY OF WORK CARRIED OUT
Doncaster Clinic

| | | | | | | | |
|--|--|--|--|--|--|--|-----|
| Number of Sessions held | | | | | | | 42 |
| Number of Individual Children attending | | | | | | | |
| (a) Referred for first time in current year... | | | | | | | 95 |
| (b) Also attended in previous year | | | | | | | 52 |
| Total | | | | | | | 147 |
| Total number of attendances made | | | | | | | 172 |
| Areas from which new cases referred (i.e. number from each Division) | | | | | | | |
| Division No. 10 | | | | | | | 1 |
| Division No. 11 | | | | | | | 8 |
| Division No. 12 | | | | | | | 5 |
| Division No. 23 | | | | | | | 2 |
| Division No. 26 | | | | | | | 4 |
| Division No. 27 | | | | | | | 64 |
| Division No. 29 | | | | | | | 9 |
| Division No. 31 | | | | | | | 2 |
| Total | | | | | | | 95 |
| Ages of children referred in current year | | | | | | | |
| Under 1 | | | | | | | 2 |
| 1—2 years | | | | | | | 4 |
| 2—5 years | | | | | | | 14 |
| 5—8 years | | | | | | | 24 |
| 8—11 years... .. | | | | | | | 34 |
| 11+ years | | | | | | | 17 |
| Results of Clinical Investigation | | | | | | | |
| Number of children with significant hearing loss | | | | | | | 54 |
| Number of children without significant hearing loss | | | | | | | 88 |
| Number of children at present undiagnosed | | | | | | | 5 |
| Recommendations | | | | | | | |
| Hearing aid... .. | | | | | | | 8 |
| Front seat in class | | | | | | | 10 |
| Speech therapy | | | | | | | 8 |
| School for the Deaf | | | | | | | 2 |
| School for the Partially Hearing | | | | | | | 1 |
| School for E.S.N. Deaf Children | | | | | | | 2 |
| Referred to Ear, Nose and Throat Clinic | | | | | | | 19 |
| Referred to Child Guidance Clinic | | | | | | | 1 |
| Referred for admission to Training Centre | | | | | | | 1 |
| Referred for supervision by Peripatetic Teacher | | | | | | | 14 |

DONCASTER AUDIOLOGY CLINIC

Report by the Medical Officer in Charge—Dr. J. Ferguson

The number of clinics held has again increased and it was hoped that the waiting time for new cases would be slightly reduced. However, the increase in new cases referred to the clinic has meant that there is still a rather long waiting period.

Re-examinations have always proved a difficulty as they limit the number of new cases at each clinic, but it has been possible to see selected cases at outside clinics and this, together with the help of the Peripatetic Teacher of the Deaf, has been most helpful. The Easter and Summer school holidays are fairly long and there is a complete break in the holding of clinics. I would make the following observations on the work of the clinic:

1. The appointment of a Peripatetic Teacher for five sessions per week, so long advocated, has been most successful and the enthusiastic co-operation of the teacher appointed has been most valuable, particularly in re-examinations and the supervision of cases under consideration.
2. Thanks to the generosity of the Variety Club of Great Britain a very new form of investigation of deafness is now used at the clinic—an Acoustic Impedence Meter. The use of this meter is still in an exploratory stage but the early results point to the possibility of deafness due to a middle ear 'gluey' condition which if confirmed by the E.N.T. Consultant, can in most cases result in the deafness being completely cured.
3. There is still the difficulty in older children in persuading them to wear a hearing aid. This is very understandable and it is hoped that the provision of a post-aural hearing aid will soon be available from the Health Service.
4. Thanks to the co-operation of the Headmaster of the School for the Deaf, it has continued to be possible for the very young children and infants to attend the Nursery Department along with their mothers for a day or half a day. This enables diagnosis of the suspected deafness to be confirmed or otherwise, and also is a help to the mothers in coping with their problems. It is hoped that in the future, this service could be extended so that in holiday time the mothers could spend a few days with their young children in the school and work with the teacher.
5. The E.N.T. Consultants at the various hospitals have continued to be most helpful in seeing patients referred to them for possible operative treatment or the provision of hearing aids.
6. Finally I would say that any success this clinic has had has been due to the enthusiastic staff who work with me—the Teacher of the Deaf, the Peripatetic Teacher, the Psychologist and the Health Visitor.

Visitors who come to see the clinic at work are impressed with the enthusiasm of this team and the consideration shown to each child and its parents. Still, patience, understanding and tact are required for this work and the staff have all these qualities.

| | | | | | | | |
|--|--|--|--|--|--|--|----|
| Number of Sessions held | | | | | | | 8 |
| Number of Individual Children attending | | | | | | | |
| (a) Referred for first time in current year... | | | | | | | 16 |
| (b) Also attended in previous year | | | | | | | 5 |
| Total | | | | | | | 21 |
| Areas from which referred (i.e. number from each Division) | | | | | | | |
| Division No. 1 | | | | | | | 1 |
| Division No. 5 | | | | | | | 20 |
| Total | | | | | | | 21 |
| Ages of children referred | | | | | | | |
| Under 1 | | | | | | | — |
| 1—2 years | | | | | | | 3 |
| 2—5 years | | | | | | | 7 |
| 5—8 years | | | | | | | 8 |
| 8—11 years... .. | | | | | | | 2 |
| 11+ years | | | | | | | 1 |
| Results of Clinical Investigation | | | | | | | |
| Number of children with significant hearing loss | | | | | | | 10 |
| Number of children without significant hearing loss | | | | | | | 11 |
| Recommendations | | | | | | | |
| Hearing aid... .. | | | | | | | 7 |
| To sit in front of class | | | | | | | 1 |
| Speech Therapy | | | | | | | — |
| School for Deaf | | | | | | | 2 |
| School for Partially Hearing | | | | | | | 1 |
| School for Speech Defects | | | | | | | — |
| For T's and A's | | | | | | | 2 |
| Myringotomy | | | | | | | 2 |

Table 79 The Work of the Psychologists

CHILDREN SEEN

MALADJUSTED

Age Range

| | below 5 | 5—7+ | 8—10+ | Over 11 | TOTALS |
|------------|---------|------|-------|---------|--------|
| BOYS ... | 10 | 88 | 147 | 160 | 405 |
| GIRLS ... | 4 | 28 | 53 | 88 | 173 |
| TOTALS ... | 14 | 116 | 200 | 248 | 578 |
| % age ... | 2·4 | 20·1 | 34·6 | 42·9 | — |

Symptoms on Referral

| | Nervous | Behaviour | Habit | Others | TOTALS |
|------------|---------|-----------|-------|--------|--------|
| BOYS ... | 83 | 277 | 43 | 7 | 410 |
| GIRLS ... | 52 | 105 | 12 | 6 | 175 |
| TOTALS ... | 135 | 382 | 55 | 13 | 585 |

Sources of Referral

| Age Range | S.M.O. | H.T. | G.P. | Pæd. | P.O. | C.O. | Parent | Others | TOTALS |
|-------------|--------|------|------|------|------|------|--------|--------|--------|
| Below 5 ... | 8 | — | 4 | — | — | — | 1 | 1 | 14 |
| 5—7+ ... | 73 | 12 | 9 | 4 | — | 4 | 6 | 8 | 116 |
| 8—10+ ... | 108 | 33 | 34 | 6 | — | 5 | 5 | 9 | 200 |
| Over 11 ... | 101 | 52 | 46 | 5 | 19 | 7 | 7 | 11 | 248 |
| TOTALS | 290 | 97 | 93 | 15 | 19 | 16 | 19 | 29 | 578 |

HANDICAPPED

Age Range

| | below 5 | 5—7+ | 8—10+ | Over 11 | TOTALS |
|------------|---------|------|-------|---------|--------|
| BOYS ... | 60 | 110 | 143 | 76 | 389 |
| GIRLS ... | 31 | 73 | 51 | 24 | 179 |
| TOTALS ... | 91 | 183 | 194 | 100 | 568 |
| % age ... | 16·0 | 32·2 | 34·2 | 17·6 | — |

HANDICAPPED (continued)

Symptoms on Referral

| | Vision | Hearing | Speech | Motor | Learning | General Back- wardness | Others | TOTALS |
|-----------|--------|---------|--------|-------|----------|------------------------------|--------|--------|
| BOYS ... | 6 | 63 | 29 | 23 | 139 | 118 | 15 | 393 |
| GIRLS ... | 4 | 34 | 10 | 16 | 21 | 89 | 6 | 180 |
| TOTALS | 10 | 97 | 39 | 39 | 160 | 207 | 21 | 573 |

Sources of Referral

| S.M.O. | H.T. | G.P. | Pæd. | P.O. | C.O. | Parent | Others | TOTALS |
|--------|------|------|------|------|------|--------|--------|--------|
| 340 | 88 | 28 | 37 | — | — | 20 | 55 | 568 |

VISITS

| Schools | Special Schools | T.C. | Homes | Aud. Clinics | Hostels | Others |
|---------|-----------------|------|-------|--------------|---------|--------|
| 431 | 58 | 26 | 62 | 36 | 10 | 17 |

Table 80 School Ophthalmic Service, 1954-68

| Year | No. of children examined (including re-examinations) | No. prescribed glasses |
|------|---|---------------------------|
| 1954 | 17,691 | 9,240 |
| 1955 | 17,265 | 9,926 |
| 1956 | 17,644 | 9,999 |
| 1957 | 17,662 | 9,782 |
| 1958 | 18,829 | 9,472 |
| 1959 | 18,784 | 9,411 |
| 1960 | 20,651 | 10,029 |
| 1961 | 20,387 | 9,542 |
| 1962 | 19,874 | 8,831 |
| 1963 | 20,559 | 9,201 |
| 1964 | 20,248 | 8,904 |
| 1965 | 20,304 | 8,590 |
| 1966 | 19,996 | 8,024 |
| 1967 | 20,167 | 7,649 |
| 1968 | 20,725 | 7,747 |

Table 81 Medical Treatment at Clinics

| Type of Clinic | Number | |
|---|--|--|
| | Provided directly by the Authority | Under arrangements with Regional Hospital Boards |
| Minor Ailment and other non-specialised | 69 | — |
| Dental | 62 | — |
| Ophthalmic | 8 | 54 |
| Speech Therapy | 47 | — |
| Ultra Violet Light | 2 | — |
| Pædiatric | 12 | 6 |
| Chiropody | 2 | — |
| Consultant E.N.T. | — | 8 |
| Consultant Orthopædic | 4 | 9 |
| Consultant Dermatology | — | 1 |
| Consultant Cardiac | — | 3 |
| Orthoptic | — | 5 |
| Remedial Exercises... .. | 8 | — |
| Audiology | 2 | — |
| Immigrants | 1 | — |

Table 82 Consultant Services

CONSULTANT E.N.T. SERVICE

No. of sessions held: 105

| | Pre-school Children | School Children | Total |
|---|------------------------|--------------------|-------|
| No. of individual children seen by consultant, including those continuing attendance from previous year | 6 | 278 | 284 |
| No. of above referred for operative treatment | 3 | 126 | 129 |
| No. of children: | | | |
| (a) who obtained operative treatment ... | 2 | 260 | 262 |
| (b) treated at school clinics | 1 | 57 | 58 |
| No. of attendances at consultant clinics ... | 7 | 568 | 575 |

CONSULTANT ORTHOPÆDIC SERVICE

Consultant Clinic

No. of sessions held: 156

| | | | |
|---|-----|-----|-------|
| No. of individual patients seen by consultant, including those continuing attendance from previous year | 483 | 678 | 1,161 |
| No. of above:— | | | |
| (a) referred for operative treatment as short stay cases only | 5 | 29 | 34 |
| (b) recommended long-stay hospital school | — | — | — |
| (c) recommended treatment by orthopædic nurse or physiotherapist:— | | | |
| (i) at treatment centres | 10 | 24 | 34 |
| (ii) domiciliary | 8 | 22 | 30 |
| No. of children who obtained operative treat- ment | 3 | 17 | 20 |
| Total number of attendances at consultant clinics | 620 | 853 | 1,473 |

Treatment Centres

No. of sessions held: 900

| | | | |
|---|-----|-------|-------|
| Total No. of patients treated, including cases continuing treatment from previous year ... | 87 | 296 | 383 |
| Total number of attendances | 971 | 3,579 | 4,550 |

Domiciliary Treatment

| | Pre-school Children | School Children | Total |
|---|------------------------|--------------------|-------|
| Total number treated | 4 | — | 4 |
| Total number of visits to patients' homes ... | 17 | — | 17 |

Appliances

| | | | |
|------------------------|----|----|----|
| No. of appliances— | | | |
| (a) recommended | 73 | 22 | 95 |
| (b) obtained | 71 | 20 | 91 |

PHYSIOTHERAPY SERVICE

At the end of the year the staff aggregated the equivalent of 1·36 whole-time officers.

ULTRA-VIOLET LIGHT CLINICS

Clinics are held in only two Divisions, and the figures for 1968 show a decrease in the number of children treated.

Number of sessions held: 175

| | | | |
|--|----|-----|-----|
| Number of children treated during the year ... | 2 | 24 | 26 |
| Total number of attendances | 20 | 363 | 383 |

CONSULTANT PÆDIATRIC SERVICE

Consultant Clinics

No. of sessions held: 145

| | | | |
|---|-----|-----|-----|
| No. of individual patients seen— | | | |
| (a) New cases | 121 | 139 | 260 |
| (b) Cases attending from previous year(s) ... | 165 | 307 | 472 |
| Total number of attendances at clinics ... | 391 | 574 | 965 |

The following table gives details of the various types of defect or disease for which children were referred for consultant opinion :

| Defect or Disease | Pre-school Children | School Children | Total |
|---|---------------------|-----------------|-------|
| Central Nervous System: General | 18 | 15 | 33 |
| Epilepsy | 21 | 42 | 63 |
| Migraine | 2 | 12 | 14 |
| Von Recklinghausen's Disease | — | 1 | 1 |
| Heart and Circulatory System | 42 | 104 | 146 |
| Respiratory System, including E.N.T. defects | 25 | 65 | 90 |
| Speech | 4 | 11 | 15 |
| Orthopædic | 10 | 11 | 21 |
| Cerebral Palsy | — | 1 | 1 |
| Skin | 3 | 1 | 4 |
| Psychological: General | — | 14 | 14 |
| Enuresis | — | 4 | 4 |
| Mental Retardation, including Educational Subnormality | 24 | 25 | 49 |
| Congenital Deformities | 10 | 5 | 15 |
| Gastro-intestinal System | 2 | 1 | 3 |
| Genito-urinary System | — | 1 | 1 |
| Glands | — | 3 | 3 |
| Nutritional | 4 | 9 | 13 |
| Developmental: General | 71 | 44 | 115 |
| Incontinence | 5 | 26 | 31 |
| Genetic undersize | — | 1 | 1 |
| Muscular Disease | 9 | 20 | 29 |
| Habit Spasms | — | 1 | 1 |
| Rheumatism | 4 | 7 | 11 |
| Obesity | 1 | 1 | 2 |
| Hydrocephalus and Spina Bifida | 1 | — | 1 |
| Leukæmia | 1 | 1 | 2 |
| Unclassified | 28 | 20 | 48 |

Table 83 Cleanliness, 1950-68

| Year | Total number of examinations made by school nurses | Number of individual children found to be infested | Percentage of school population |
|------|--|--|---------------------------------|
| 1950 | 523,473 | 20,214 | 8·8 |
| 1951 | 559,388 | 18,599 | 7·9 |
| 1952 | 610,201 | 19,772 | 8·1 |
| 1953 | 575,645 | 17,815 | 7·1 |
| 1954 | 549,961 | 13,619 | 5·3 |
| 1955 | 547,369 | 11,657 | 4·5 |
| 1956 | 512,868 | 10,379 | 3·9 |
| 1957 | 481,239 | 10,459 | 3·9 |
| 1958 | 523,353 | 9,753 | 3·7 |
| 1959 | 482,874 | 9,834 | 3·6 |
| 1960 | 467,937 | 10,341 | 3·9 |
| 1961 | 462,207 | 9,273 | 3·5 |
| 1962 | 421,257 | 8,912 | 3·3 |
| 1963 | 416,570 | 8,229 | 3·3 |
| 1964 | 434,790 | 8,696 | 2·0 |
| 1965 | 461,862 | 8,999 | 3·2 |
| 1966 | 478,017 | 7,786 | 2·7 |
| 1967 | 455,124 | 7,119 | 2·4 |
| 1968 | 446,713 | 7,980 | 2·6 |

In some areas a system of ‘ Selective ’ inspections has been introduced as suggested in *The Health of the School Child*, 1962/63.

Table 84 Nutrition, 1957-68

| Year (1) | Total number of pupils inspected (2) | Classification | | | |
|-----------------|---|----------------|-----------------------|----------------|-----------------------|
| | | Satisfactory | | Unsatisfactory | |
| | | No. (3) | % of Col. 2 (4) | No. (5) | % of Col. 2 (6) |
| 1957 | 83,250 | 81,524 | 97·90 | 1,726 | 2·10 |
| 1958 | 84,346 | 83,025 | 98·43 | 1,321 | 1·57 |
| 1959 | 88,398 | 87,484 | 98·97 | 914 | 1·03 |
| 1960 | 83,630 | 82,892 | 99·12 | 738 | 0·88 |
| 1961 | 82,938 | 82,343 | 99·28 | 595 | 0·72 |
| 1962 | 82,395 | 81,950 | 99·46 | 445 | 0·54 |
| 1963 | 76,706 | 76,268 | 99·43 | 438 | 0·57 |
| 1964 | 70,895 | 70,485 | 99·42 | 410 | 0·58 |
| 1965 | 75,134 | 74,728 | 99·46 | 406 | 0·54 |
| 1966 | 73,122 | 72,836 | 99·61 | 286 | 0·39 |
| 1967 | 68,382 | 68,264 | 99·83 | 118 | 0·17 |
| 1968 | 59,315 | 59,187 | 99·78 | 128 | 0·22 |

SCHOOL MEALS

The number of meals provided to school children daily according to a check made in September, 1968 was 205,394 compared with 198,394 in September, 1967. This represents 75·45 per cent. of children in attendance.

Table 85 Protection of School Children Against Tuberculosis
TUBERCULIN TESTING OF SCHOOL ENTRANTS

| Health Division (a) | No. tested (b) | Negative reactions (c) | Positive reactions (d) | Of column (d) | | Further investigation |
|-------------------------------|--------------------------|----------------------------------|----------------------------------|--|------------------------------|---------------------------------|
| | | | | Previous B.C.G. Vaccina- tion | Final Skin Test — + | |
| Keighley (Heaf Test) | 706 | 700 | 6 | 5 | — 1 | Referred to Chest Physician. |

Table 86 Speech Therapy

| | | |
|---|-------------|--------------|
| (a) Number of children seen for the first time during the year | 1,072 | |
| (b) Number of children attending for treatment from previous year ... | 616 | |
| | 1,688 | |
| Number of children awaiting treatment at end of year | 869 | |
| (a) Interviewed and placed on waiting list | 236 | |
| (b) Not seen | 459 | |
| Number of visits made to schools | 316 | |
| Number of home visits | 165 | |
| Analysis of children treated | <i>Boys</i> | <i>Girls</i> |
| Stammerers (Dysrhythmia) | 168 | 38 |
| Defects of Articulation due to: | | |
| (a) Cleft Palate | 31 | 15 |
| (b) Cerebral Palsy | 9 | 6 |
| (c) Other structural malformations | 84 | 46 |
| (d) Other causes e.g. neurological | 42 | 16 |
| (e) No specific cause found | 472 | 238 |
| Disorders of Language due to: | | |
| (a) Retarded language development (non-specific) | 141 | 53 |
| (b) Retardation with associated subnormality | 77 | 40 |
| (c) Retardation associated with deafness | 36 | 31 |
| (d) Dysphasia | 2 | 4 |
| (e) Aphasia | 7 | 1 |
| (f) Other reason | 24 | 4 |
| Dysphonia | 9 | 1 |
| Other Defects | 22 | 15 |

Table 87 Dental Inspections and Treatment Carried Out

Attendances and Treatment

| | Ages 5 to 9 | Ages 10 to 14 | Ages 15 and over | Total |
|---|----------------|------------------|---------------------|---------|
| First visit | 27,640 | 25,368 | 5,963 | 58,971 |
| Subsequent visits | 28,418 | 58,571 | 14,547 | 101,536 |
| Total visits | 56,058 | 83,939 | 20,510 | 160,507 |
| Additional courses of treatment commenced | 1,466 | 1,649 | 790 | 3,905 |
| Fillings in permanent teeth ... | 29,468 | 72,770 | 20,249 | 122,487 |
| Fillings in deciduous teeth ... | 15,246 | 1,332 | — | 16,578 |
| Permanent teeth filled | 22,435 | 62,132 | 18,120 | 102,687 |
| Deciduous teeth filled | 13,698 | 1,207 | — | 14,905 |
| Permanent teeth extracted ... | 2,454 | 10,818 | 2,489 | 15,761 |
| Deciduous teeth extracted ... | 44,507 | 11,370 | — | 55,877 |
| General anæsthetics | 14,918 | 7,112 | 804 | 22,834 |
| Emergencies | 2,379 | 1,065 | 300 | 3,744 |
| Number of Pupils X-rayed | | | | 3,318 |
| Prophylaxis | | | | 15,779 |
| Teeth otherwise conserved | | | | 2,140 |
| Number of teeth root filled | | | | 249 |
| Inlays | | | | 108 |
| Crowns | | | | 457 |
| Courses of treatment completed... .. | | | | 50,180 |

Orthodontics

| | |
|---|-------|
| Cases remaining from previous year ... | 3,914 |
| New cases commenced during year ... | 1,354 |
| Cases completed during year | 1,225 |
| Cases discontinued during year | 158 |
| Number of removable appliances fitted... .. | 2,452 |
| Number of fixed appliances fitted | 116 |
| Pupils referred to Hospital Consultant ... | — |

Prosthetics

| | 5 to 9 | 10 to 14 | 15 and over | Total |
|---|--------|----------|-------------|-------|
| Pupils supplied with F.U. or F.L. (first time)... | 2 | 2 | 14 | 18 |
| Pupils supplied with other dentures (first time) | 30 | 222 | 148 | 400 |
| Number of dentures supplied | 42 | 345 | 256 | 643 |

| | |
|--|--------|
| Anæsthetics General Anæsthetics administered by Dental Officers ... | 22,605 |
|--|--------|

Inspections

| | | | | | | |
|-----|--|------------------|-----|-----|-----|---------|
| (a) | First inspection at school. | Number of Pupils | ... | ... | ... | 158,606 |
| (b) | First inspection at clinic. | Number of Pupils | ... | ... | ... | 15,914 |
| | Number of (a) + (b) found to require treatment | | ... | ... | ... | 99,925 |
| | Number of (a) + (b) offered treatment | | ... | ... | ... | 89,319 |
| (c) | Pupils re-inspected at school clinic | ... | ... | ... | ... | 18,897 |
| | Number of (c) found to require treatment | | ... | ... | ... | 8,870 |

Sessions

| | | | | |
|---|-----|-----|-----|---------|
| Sessions devoted to treatment | ... | ... | ... | 21,675* |
| Sessions devoted to inspection | ... | ... | ... | 1,271 |
| Sessions devoted to Dental Health Education | ... | | | 471 |

*Includes 1,494 Anæsthetist sessions

MENTAL HEALTH SERVICE
HEALEY CROFT HOSTEL and ZOAR STREET, MORLEY

Report by G. Ireland, Divisional Medical Officer

The occupation state of the hostel at the 31st December, 1968, was as follows:

| Sex | 16+ | 19+ | 22+ | 25+ | 30+ | 40+ | 50+ | 60+ | Total |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Male | | 3 | | 2 | 4 | 3 | 2 | | 14 |
| Female | | 6 | | | 3 | 4 | 2 | | 15 |
| Total | | 9 | | 2 | 7 | 7 | 4 | | 29 |

There were 10 admissions during the year which can be summarised as follows:

| | | | | | | |
|---|--|-----|-----|-----|-----|---|
| Short stay admissions | (a) trial period ... | ... | ... | ... | ... | 1 |
| | (b) to allow relatives to have a holiday | ... | ... | ... | ... | 3 |
| Hospital resident no longer requiring treatment | ... | ... | ... | ... | ... | 1 |
| Admission from Children's Home | ... | ... | ... | ... | ... | 1 |
| Admissions from community on social grounds | ... | ... | ... | ... | ... | 4 |

and during the same period there were 11 discharges as follows:

| | | | | | | | |
|--------------------------------------|-----|-----|-----|-----|-----|-----|---|
| Short stay admissions | ... | ... | ... | ... | ... | ... | 5 |
| Discharges to lodgings (Zoar Street) | ... | ... | ... | ... | ... | ... | 3 |
| Returned to former home | ... | ... | ... | ... | ... | ... | 3 |

During 1968, nine residents were found employment, five of whom attended the West Ardsley Training Centre and in three cases this was their first attempt at open employment. Two residents had to be re-admitted to the training centre following a breakdown in their employment situation and at the end of the year there were eight males and six females in employment and six males and nine females attending the training centre.

Eleven of the residents admitted between August and December, 1965, and seven of those admitted between January and December, 1966, remain in residence. Of this total of eighteen residents, nine are in employment and nine attend the training centre. This particular group of residents have accepted

Healey Croft as their home, and the prospects of further rehabilitation are remote, the limiting factors being:

- (1) the amount of supervision required as regards personal hygiene, clothing and conduct;
- (2) the amount of encouragement and help required to maintain a good work record;
- (3) the help required to enable the working residents to manage their financial affairs, i.e. payment of weekly maintenance charges, help with clothing purchase, assistance with saving and advice as regards the spending of monies;
- (4) the stability and mild disciplinary framework of the hostel provides a necessary environment which enables certain residents to function in the community outside custodial care.

All the four factors mentioned above apply to the eighteen residents who have been admitted for three or more years and further rehabilitation is likely to be a slow process particularly as there are no responsible relatives to take an interest in their welfare.

When the Zoar Street lodgings came into operation in November careful evaluation of likely residents for transfer was undertaken by the warden and it is to his credit that no problems have been met with as regards clashes in personality during the first four months that the project has been in existence.

Zoar Street:

Zoar Street as an idea originated when the future of the residents in Healey Croft came to be considered.

The question whether or not the average subnormal resident at the hostel could hold his own in the community in a lodging situation was raised and discussed. It had been the experience of the local mental welfare officers that reasonable lodgings were not easy to find, even for those cases who were relatively high grade. Further, to suggest that there would be landlords who would tolerate subnormal adults by choice—and indeed go further, and encourage them to go to work, attend the training centre, ensure their personal cleanliness, deal with their personality problems etc. seemed to the mental welfare officers very much like asking for the moon. Nevertheless such a policy was pursued and where and when appropriate, mental welfare officers both in this and other divisions were asked to find lodgings for particular residents who were considered fit for discharge. The numbers were of course small, but even so the results were not encouraging—more success being obtained with the higher grade of subnormal. It appeared that lodgings of the type that we were seeking were just not available.

The first concept of lodgings under our own control arose out of this dilemma and the idea matured when a former district nurse's house became available. This house, owned by the County Council, was situated in an average street very near to the centre of Morley. It contained four bedrooms and three reception rooms and it was suggested that a married couple be granted free occupancy of the house on the undertaking that they would accept up to three residents from Healey Croft as lodgers. The couple would be expected to provide full board but give no more oversight and guidance than one might reasonably expect from ordinary lodgings. Such a scheme would provide the subnormal with the experience of living in lodgings and also allow for a full assessment to be made of the subnormal who may be placed in this situation for the first time. This scheme was approved by the Mental Health Sub-Committee in July, 1966.

The occupancy of the house was then offered on the understanding that the County Council would be responsible for the payment of rates, internal and external decorations, maintenance and repairs, and no rental would be charged. All this was conditional on the successful applicant (called the landlady) accepting as lodgers at least two and not more than three mentally subnormal adults. An agreed lodging charge of £4 per week was to be paid by each resident to the landlady and would be guaranteed by the County Council. For this charge each lodger would receive full board but a mid-day meal would not normally be required except at holidays and weekends. Heating, lighting, laundry and cleaning were to be the responsibility of the landlady as were to be the cost of all outgoing calls on the telephone, but the rental would be paid by the County Council. It was expected that the husband of the landlady would follow his normal occupation but the landlady was to devote the whole of her time to the supervision of the household.

The advertisement in the local press for this post brought a large number of enquiries and from an eventual short list of six it is possible that three would have been acceptable. As it was, a young married woman of 24 with a child of 2 years was offered the post. Some assistance as regards furnishing the bedrooms of the lodgers was given as was the provision of curtains, bed-linen and a dining suite. (None of the furniture was new as we wished the lodgings as far as possible, to be typical and not ideal). The landlady and her husband moved in during October, 1968, and were joined on the 3rd November by three residents from Healey Croft, one man and two women. The man works at the brickworks and both the women attend at the training centre.

There were no immediate personality problems either between lodgers or between the lodgers and the landlady and her family—in fact as far as difficulties of this nature are concerned, none have occurred. It was decided to have the minimum of contact during the settling-in period and it was not until January, 1969, that I personally visited one evening and discussed all topics with the landlady and her husband. I found a warm homely atmosphere with no segregation of the lodgers and both the women (the man was still at work) appeared quite content with their present situation. I had in fact kept in touch with the opinions of these two women by my contact with the staff at the training centre

and their liking of the lodging situation had tended to promote a little jealousy among some of the remaining residents at the hostel. The husband mentioned that Christmas had been an expensive time and it appeared that the lodgers had contributed little to the festivities—which however they agreed that they had enjoyed. This may seem trivial but I feel that having lived at Healey Croft for a year or two, the various extras tend to be accepted as normal rather than something which must be saved for out of income. The same applied to the question of laundry. Here again personal laundry is an additional perquisite of living at Healey Croft and whereas we expected the landlady to undertake the laundering of the bed linen etc. she was finding that the quantity of personal laundry required her to wash every day and to assist her with this work she had bought a washing machine. In spite of this, however, she still found that the lodgers personal laundry took up a considerable part of her time. We raised this matter with the Ministry of Social Security and they agreed that in the case of the two women an increase of 5s. per week would be allowed to pay for the cost of laundry and it was suggested that the landlady increase the lodging charge from £4 to £4 5s. 0d. As far as the man is concerned this means an increase of 5s. in his charges but he is still better off to the sum of 10s. per week to when he was living at Healey Croft. A comparison of the income and expenditure is given below:

| | | | | | <i>Healey Croft</i> | | | <i>Zoar Street</i> | | |
|----------------------------|-----|-----|-----|-----|---------------------|----|----|--------------------|----|----|
| <i>2 Women</i> | | | | | £ | s. | d. | £ | s. | d. |
| Social Security Allowance | ... | ... | ... | ... | 4 | 10 | 0 | 5 | 10 | 0 |
| Residence charges | ... | ... | ... | ... | 3 | 12 | 0 | 4 | 5 | 0 |
| Sum remaining for resident | ... | ... | ... | ... | 18 | 0* | | 1 | 5 | 0* |
| <i>Man</i> | | | | | | | | | | |
| Wages | ... | ... | ... | ... | 10 | 10 | 0† | 10 | 10 | 0† |
| Residence charges | ... | ... | ... | ... | 4 | 15 | 0 | 4 | 5 | 0 |
| Sum remaining for resident | ... | ... | ... | ... | 5 | 15 | 0 | 6 | 5 | 0 |

*plus any sum earned at training centre minus 7s. 6d. for mid-day meal.
†average wage.

One last feature arose out of my discussion and that was the allocation of the bedrooms in the house. We assumed that the landlady and her family would use the master bedroom and the adjoining room and into these rooms we placed a wash-hand basin. It was not the intention to provide this facility for the lodgers as we would once again be moving away from the typical toward the ideal type of lodgings. However, in spite of our plans, the landlady, thinking of the safety of her two year old son at night, chose the other two rooms as he would not now have to cross in front of the head of the stairs to reach his parents' bedroom.

This project seems to have been successful, but what of the original concept and what of the future? Personally I feel that the chances of finding good lodgings in private homes remote and I am thinking now of lodgings into which we would be directly instrumental in placing the subnormal adult, not the finding of lodgings at the subnormals' request. I think there is a subtle but major difference

between these two actions. In the first we cannot shed our responsibilities one iota particularly when we are dealing with adults we have accepted into our hostel; in the second we serve (and indeed are serving) in an advisory capacity, and when the lodging situation fails we try again. This of course can be interpreted in another way—the intelligence of the former is probably lower than the latter and therefore there is more opportunity for exploitation.

What of the original concept of typical lodgings? This to a certain extent was altered. It was altered by the fact that we gave assistance in kind to the landlady—it was altered by the substitution of rooms by the landlady herself—it was altered by the very choice of landlady who is by no means typical. What therefore have we produced? We have produced good accommodation for three subnormal adults well and truly in the community at a capital cost of about half that of a hostel place and at a running cost which is a fraction of the running costs of a hostel. We have produced a family situation which undoubtedly is liked by the subnormal adults concerned and who, up to the present, would not exchange it for a place in the hostel. We have found families do exist which would accept the care of subnormals under the conditions outlined above, but we must accept that this has been a very small project and luck may have favoured us rather more than normal. Even so I feel that further accommodation similar to that provided at Zoar Street should be established in this area. This is not to say that the hostel is superseded. I feel the hostel must play a vital rôle in any project of this type as all admissions to such lodgings should be after a period of assessment (and possibly training) at the hostel and in this respect the warden is an all important figure as regards selection. Further, the hostel will serve as a centre to which subnormals in lodgings can return socially to meet their friends and it must be accepted that there will always be a group of subnormals who because of personality problems will never be acceptable in a lodging situation.

I would recommend, therefore, a further extension of this project.

FOOD AND DRUGS ACT, 1955

Report of County Analyst

During the year, 2,836 samples were submitted by your Inspectors under the Food and Drugs Act, 1955, as set out below:

| | Total Samples | Adulterated or Below Standard | Percentage Adulterated or Below Standard |
|-----------------------------|------------------|----------------------------------|---|
| Milk | 1,113 | 30 | 2·7 |
| Milk, 'Appeal to Cow' ... | 6 | — | — |
| Milk, Channel Islands ... | 188 | 9 | 0·5 |
| Milk and Foreign Matter ... | 1 | 1 | 100·0 |
| Food and Drugs | 1,528 | 50 | 3·3 |
| All samples | 2,836 | 90 | 3·2 |

NOTES ON ADULTERATED OR OTHERWISE IRREGULAR SAMPLES:

The proportion of irregular and adulterated samples as indicated in the above summary is 3·2 per cent. Although slightly higher than for the previous year, this proportion is not abnormal.

Milk. One thousand, one hundred and thirteen samples were analysed and 30 were adversely reported; 13 samples were adulterated by extraneous water in amounts varying from 1·0 to 59·1 per cent. Seventeen samples were deficient in fat, the worst case being 30 per cent. below standard.

Channel Islands Milk is required to contain not less than 4·0 per cent. of fat. Nine samples were below standard, the fat contents being between 3·16 and 3·92 per cent.

Meat Products. The Sausage and Other Meat Products Regulations, 1967, will come into force on May 31st, 1969. It is interesting to note that sausage manufacturers in general have kept to the standards which will eventually be enforced.

Beef Sausages. Seventy-nine samples were examined; only three were irregular, and this was because they contained preservative without displaying the statutory notice. They were all satisfactory as regards meat content, the range being from 50·5 to 89·4 per cent., average 64·1 per cent.

Pork Sausage. Out of 61 samples, five contained less than 65 per cent. The range of meat contents was 59·0 to 81·2 per cent., average 69·3 per cent. Four samples contained preservative without its presence being declared in the statutory manner.

Blackcurrant Drink. Two samples, each labelled as containing 80 milligrams of Vitamin C. per fluid ounce, contained only 1 mg. per fluid ounce.

Shandy. This commodity, being a mixture of lemonade (or similar soft drink) and beer, ceases to be a 'soft drink' if it contains over 2 per cent. of proof spirit. The recommended minimum level of proof spirit is 1·5 per cent. Eight samples were deficient, the lowest contained only 0·65 per cent.

Concentrated Orange Squash. Two samples contained excessive amounts of the artificial sweetener cyclamic acid.

Tinned Peaches. A tin of peaches was found to be perforated—this explained why the contents were mouldy.

Potted Meat. One sample contained cereal, and therefore should have been described as meat paste.

Tinned Meat. Two samples were adversely reported because the contents were discoloured by corrosion products from the tinplate. The brand name on one tin was most inappropriate, it implied that the goods were fresh, whereas the tin was old stock which had been re-labelled.

Jam. One sample was low in soluble solids, and therefore it would be more liable to attack by mould.

Extract of Malt and Cod Liver Oil. One sample was deficient in cod liver oil.

Margarine may contain up to 16 per cent. of moisture; one sample contained 16·3 per cent.

Prohibited Food Colouring. All appropriate samples were tested for added colouring; only one was unsatisfactory. This was a sample of butter with stains of red ball-point ink on the surface. These had been caused by writing the price on the wrapper with a ball-point pen. The dye in the ink was not permitted for use in food.

LABELLING IRREGULARITIES:

Hundreds of labels were checked for compliance with the Labelling of Food Order, 1953. All were satisfactory except for nine. There were tins of soup, a pot of mint jelly, and a cottage cheese without labels; these omissions were contrary to the Labelling of Food Regulations.

Mushroom Cubes had irregular labels; this list of ingredients on the cubes did not agree with the list on the main carton.

Tonic Drink: The label on a tonic drink claimed the presence of iron, but the iron content was insufficient to support the statement.

Red Currant and Port. The label stated that it contained the maximum liqueur permitted by the Authorities. Actually it contained only one third of that amount.

FOREIGN BODIES IN FOOD:

Ten samples were brought in for identification of extraneous matter.

There was a piece of hard dough in a brown loaf, a speck of fat in a bottle of Dandelion and Burdock and flakes of rust amongst a quantity of Cut Mixed Peel.

The following complaints are of a more serious nature:

A milk bottle with a mouldy deposit of milk solids.

A stone in a bilberry pie.

There was a piece of wood in a teacake, a metal pin in a cream sponge, and a piece of wire in a tart.

Flies and pieces of gooseberry leaf were found in a tin of gooseberries.

A canteen was having trouble with large tins of carrots. There were metal 'turnings' embedded in the carrots, and it was presumed that the packers were responsible. On examining the 'turnings', we found that they were thin slivers of lacquered tinplate identical with that of the lids of the cans. Further inspection of the mechanical tin opener showed that the cutter was tearing out these sharp curls of metal from the lids as the cans were rotated. Having rectified this, the trouble ceased.

KEIGHLEY EXCEPTED DISTRICT

V. P. McDonagh, Borough School Medical Officer

The School Health Service followed the new pattern laid down during the past few years and there is little of an untoward or unusual nature to record. In general the health of the school child is physically excellent, although as previously a considerable amount of work was carried out at the Child Guidance Clinic. The need for a day remedial centre in the town remains.

Routine tests for visual acuity during school life are carried out in four age groups 6-7, 10-11, 12-13 and 14-15 years. While this may not be quite so frequent as might be desirable, many people believe it should be done yearly, it does ensure that very few, if any, children attend school with uncorrected defective vision. This is shown from the number of children for whom spectacles were prescribed during the year. Perhaps even more important is the number of children who were examined by the Ophthalmologist and for whom spectacles were not considered necessary. Great care therefore is taken to ensure that no case of doubtful defective vision is left uninvestigated.

The consulting clinics have been referred to in the past and undoubtedly they are a vital part of this service. They are held twice a week and fully employ the time of the doctor and nurse involved. Special screening tests for hearing are also now an important and routine part of the work. Close co-operation is maintained at all times with the family doctors on those cases who are found to have any form of defective hearing requiring either treatment or further investigation by the Consultant Otologist. In fact, these sweeps are now revealing so many pupils with hearing loss that it is felt that consideration should be given to seeking the services of a specialist teacher of the deaf to advise and assist teachers in the ordinary school in the education of children suffering from defects of hearing.

It is difficult to say why our health education activities are not expanding at the speed with which we had hoped. While to some extent we are hampered with a shortage of health visitors this is not the main cause as we always give some priority to organised courses. It is possible that the overburdened school curriculum and the concern of teachers for examination successes may be operating to the disadvantage of health education activities.

The Medical Inspection of School Children:

The number of pupils on the registers at the end of the year is shown below together with the figures for the previous year:

| | 1968 | 1967 |
|---------------------------------|-------|-------|
| Nursery | 43 | 40 |
| Primary | 5,500 | 5,252 |
| Middle Schools | 1,892 | 1,938 |
| (including Secondary Technical) | | |
| Voluntary Secondary | 527 | 477 |
| Upper Schools | 1,489 | 1,394 |
| Special Schools | 95 | 100 |

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

A. Periodic Medical Inspections

Age groups inspected (by year of birth), number of pupils who received a full medical examination together with classification of the physical condition of the pupils inspected, the number of pupils found not to warrant a medical examination in connection with the selective medical examinations and the number of pupils found to require treatment (excluding dental disease and infestation with vermin).

| Age groups Inspected (By year of Birth) | Number of Pupils who have received a full medical examin- ation | Physical Condition of Pupils Inspected | | Number of Pupils found not to warrant a medical examin- ation | Pupils found to require treatment (excluding dental diseases and infestation with vermin) | | |
|--|--|---|--------------------------------|---|---|--|-------------------------------|
| | | Satis- factory No. | Unsatis- factory No. | | For defective vision (excluding squint) | For any other condition recorded in Table III | Total individual pupils |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| 1964 and later | 94 | 94 | — | — | — | 24 | 24 |
| 1963 | 600 | 600 | — | — | — | 153 | 153 |
| 1962 | 205 | 205 | — | — | 1 | 55 | 55 |
| 1961 | — | — | — | — | — | — | — |
| 1960 | 312 | 312 | — | 446 | 2 | 119 | 120 |
| 1959 | 98 | 98 | — | 64 | 5 | 40 | 43 |
| 1958 | — | — | — | — | — | — | — |
| 1957 | — | — | — | — | — | — | — |
| 1956 | — | — | — | — | — | — | — |
| 1955 | — | — | — | — | — | — | — |
| 1954 | — | — | — | 144 | — | — | — |
| 1953 and earlier | 4 | 4 | — | 855 | — | 4 | 4 |
| TOTAL | 1313 | 1313 | — | 1509 | 8 | 395 | 399 |

Column (3) total as a percentage of Column (2) total ... 100·00

Column (4) total as a percentage of Column (2) total ... 0·00

B. Other Inspections

| | | |
|-------------------------------|-----|--------------|
| Number of Special Inspections | ... | 1,963 |
| Number of Re-Inspections | ... | 1,074 |
| Total | ... | <u>3,037</u> |

Comparative Table of Inspections carried out:

| Year | Routine | Specials | Re-Inspections |
|------|---------|----------|----------------|
| 1968 | 1,313 | 1,963 | 1,074 |
| 1967 | 1,354 | 1,629 | 1,033 |
| 1966 | 1,805 | 1,918 | 834 |
| 1965 | 2,038 | 3,053 | 1,185 |
| 1964 | 2,256 | 3,325 | 1,392 |

SELECTIVE SCHEME:

The selective scheme of medical examinations of pupils in the intermediate age group has continued as described in previous reports. During the year 920 questionnaires were distributed of which 877 were returned and 410 of these pupils were invited to attend for a medical examination. Details of the defects found are shown in Table III.

School leaving examination of pupils during their last year of compulsory school attendance:

This was the second year that the selective scheme of medical examination of pupils was extended by the school leaving examination being replaced by interview. Questionnaires were distributed to parents of school leavers for completion and return. These were scrutinised together with all the available medical records. At the interviews, which were held in the schools, pupils were selected for a full medical examination, to be carried out at the school clinic by appointment.

One thousand and one pupils were interviewed under the new selective scheme of medical examination, two pupils were selected for medical examination. In addition two pupils who were invited last year for medical examination and did not keep their appointments were examined. Details of the defects found are shown in Table III.

CONSULTING SESSIONS:

Consulting sessions are held twice weekly at the school clinic by a departmental medical officer. Appointments are given to parents following school medical inspections to bring their children to the school clinic for fuller investigation and consultation if this is requested by the parents or advised by the departmental medical officer who has carried out the medical inspection in school. Pupils are also referred to these clinics by teachers, education welfare officers or are brought by the parents themselves for examination and consultation for a variety of health problems.

The poor school attender is referred frequently for the problem to be assessed and for decisions to be made regarding treatment, the need for special educational placement or for reassurance that a child is fit to attend school regularly.

Parents who are concerned about their child's general health, behaviour difficulties or disorders such as nocturnal enuresis frequently seek the advice of the departmental medical officer. If further investigations are considered to be necessary referral is made appropriately either to the family doctor, to a specialist, or to the child guidance clinic. Pupils attend the clinic for advice concerning ear, nose and throat conditions, chest, orthopaedic and skin conditions.

This consulting service is also available to pre-school children. The health visitors/school nurses who are not satisfied with the progress of the children attending the child welfare centres refer them to the departmental medical officer at the school clinic for a developmental diagnosis and advice. They refer too for an opinion for more specific conditions particularly orthopaedic or visual defects or disorders of speech development.

Every opportunity is taken at these sessions to promote health education within a doctor-patient relationship.

Nutrition:

Arrangements were continued for the issue of branded foods free of charge in appropriate cases. The distribution of such foods is made on the authorisation of the departmental medical officer who examines each case prior to an issue being approved. The following foods were distributed during the year:

| | 1968 | 1967 |
|---------------------------|------|------|
| Maltoline—8 oz. tins ... | — | 7 |
| Vitapan—4 oz. bottles ... | 154 | 139 |

TABLE II
INFESTATION WITH VERMIN

| | | |
|-------|---|--------|
| (i) | Total number of individual examinations of pupils in schools by the school nurses or other authorised persons ... | 16,231 |
| (ii) | Total number of individual pupils found to be infested ... | 551 |
| (iii) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... | — |
| (iv) | Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... | — |

TABLE III
DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR

NOTE.

All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special inspections are included in the following table, whether or not they were under treatment or observation at the time of inspection.

| Defect Code No. | Defect or Disease | PERIODIC INSPECTIONS | | | | | | | | SPECIAL INSPECTIONS | |
|-----------------------|----------------------|----------------------|-----|---------|-----|--------|-----|-------|-----|------------------------|-----|
| | | ENTRANTS | | LEAVERS | | OTHERS | | TOTAL | | | |
| | | (T) | (O) | (T) | (O) | (T) | (O) | (T) | (O) | (T) | (O) |
| 4 | Skin | 12 | 2 | — | — | 1 | 1 | 13 | 3 | 275 | 6 |
| 5 | Eyes—a. Vision ... | 1 | — | — | — | 7 | 4 | 8 | 4 | 62 | 3 |
| | b. Squint ... | 36 | — | — | — | 14 | 1 | 50 | 1 | 32 | — |
| | c. Other ... | 4 | — | — | — | — | 1 | 4 | 1 | 15 | 3 |
| 6 | Ears—a. Hearing ... | 29 | 6 | — | — | 34 | 6 | 63 | 12 | 186 | 50 |
| | b. Otitis Media ... | 3 | 4 | — | — | — | 1 | 3 | 5 | 39 | 5 |
| | c. Other ... | 9 | — | — | — | 3 | — | 12 | — | 28 | — |
| 7 | Nose and Throat ... | 40 | 4 | — | — | 15 | 8 | 55 | 12 | 96 | 15 |
| 8 | Speech | 19 | 8 | — | — | 9 | 3 | 28 | 11 | 91 | 17 |
| 9 | Lymphatic Glands ... | — | — | — | — | — | 1 | — | 1 | 6 | 2 |
| 10 | Heart | 5 | — | 1 | — | 1 | 7 | 7 | 7 | 7 | 26 |
| 11 | Lungs | 15 | 2 | 1 | — | 15 | 4 | 31 | 6 | 55 | 17 |
| 12 | Developmental— | | | | | | | | | | |
| | a. Hernia ... | 1 | 1 | — | — | 3 | — | 4 | 1 | — | — |
| | b. Other ... | 3 | 1 | — | — | 4 | 2 | 7 | 3 | 5 | — |
| 13 | Orthopædic— | | | | | | | | | | |
| | a. Posture ... | — | 1 | — | — | — | — | — | 1 | 1 | 1 |
| | b. Feet ... | 7 | — | — | — | 2 | — | 9 | — | 54 | 4 |
| | c. Other ... | 17 | 1 | — | — | 9 | 3 | 26 | 4 | 61 | 3 |
| 14 | Nervous System— | | | | | | | | | | |
| | a. Epilepsy ... | 4 | 1 | 1 | — | 1 | — | 6 | 1 | 24 | 4 |
| | b. Other ... | 1 | 3 | — | — | 1 | 1 | 2 | 4 | 9 | 3 |
| 15 | Psychological— | | | | | | | | | | |
| | a. Development | 5 | 9 | — | — | 32 | 3 | 37 | 12 | 354 | 35 |
| | b. Stability ... | 3 | 7 | 1 | — | 26 | 4 | 30 | 11 | 323 | 27 |
| 16 | Abdomen | — | — | — | — | 1 | — | 1 | — | 14 | — |
| 17 | Other... .. | 72 | 10 | — | — | 30 | 9 | 102 | 19 | 65 | 31 |
| 18 | Totals | 286 | 60 | 4 | — | 208 | 59 | 498 | 119 | 1,802 | 252 |

T = Pupils found to require treatment

O = Pupils found to require observation

TABLE IV
TREATMENT OF PUPILS
Notes

The figures given under this heading include:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

A. Eye Diseases. Defective Vision and Squint:

| | Number of cases known to have been dealt with | |
|---|---|------|
| | 1968 | 1967 |
| External and other, excluding errors of refraction and squint ... | 49 | 48 |
| Errors of refraction (including squint) | 487 | 621 |
| Total | 536 | 669 |
| Number of pupils for whom spectacles were prescribed | 286 | 300 |

Screening Tests of Vision:

Routine tests of visual acuity were carried out by the assistant health visitors/school nurses in the age groups as follows: 6—7 years, 10—11 years, 12—13 years, 14—15 years. As previously, a test of colour vision was also carried out in the age group 12—13 years. Pupils were referred direct to the ophthalmic clinic by the assistant health visitors/school nurses, subject to parental consent and unless the parents chose to arrange for an examination through their general practitioner.

General:

During the year 49 cases suffering from conditions of the eyes such as blepharitis and conjunctivitis were treated at the minor ailments clinic. Four hundred and seventy-five cases of defective vision and 12 cases of squint were examined by the consultant ophthalmologist.

Following examination it was found that in 94 cases the provision of spectacles was not thought to be necessary, in 125 cases existing spectacles were considered to be satisfactory and 56 cases were referred to the Bradford Eye and Ear Hospital.

For the whole of the year the consultant ophthalmologist attended two sessions per week.

The number of repairs to and replacements of spectacles amounted to 222.

B. Diseases and Defects of Ear, Nose and Throat:

| | | | | | | | Number of cases known to have been dealt with | |
|---|--------------------------------------|-----|-----|-----|-----|-----|---|------|
| | | | | | | | 1968 | 1967 |
| Received operative treatment: | | | | | | | | |
| (a) | for diseases of the ear | ... | ... | ... | ... | ... | — | — |
| (b) | for adenoids and chronic tonsillitis | ... | ... | ... | ... | ... | — | 80 |
| (c) | for other nose and throat conditions | ... | ... | ... | ... | ... | — | 1 |
| Received other forms of treatment | | | | | | | 66 | 55 |
| Total | | | | | | | 66 | 136 |
| Total number of pupils still on the register of schools at 31st December, 1968 known to have been provided with hearing aids: | | | | | | | | |
| (a) | during year 1968 | ... | ... | ... | ... | ... | 1 | |
| (b) | in previous years | ... | ... | ... | ... | ... | 5 | |

Screening Tests of Hearing:

The audiometric survey of seven year old pupils was continued during the year, together with the examination of pupils in the ‘ at risk ’ categories.

Following the audiometric sweep test of pupils in school a weekly clinic is held where pupils who fail the test are seen by appointment for the purpose of obtaining an audiogram and medical history. A further weekly clinic is held when a departmental medical officer is available to conduct an aural examination and select cases for referral to the consultant otologist. The family doctors are informed in the usual way or cases are referred to them in the instances where this is desired. There is good communication between the family doctors, departmental medical officers and consultant otologist.

Referral to the child guidance clinic is easily effected so that advice re educational requirements or emotional problems associated with hearing loss is readily available.

Eighteen pupils in attendance at Keighley schools are suffering from a bilateral hearing loss of 30 decibels or more. Hearing aids have been prescribed for six of these pupils.

It is apparent that there is now a need for the services of a specialist teacher of the deaf to advise and assist teachers in the ordinary schools in the education of children suffering from defects of hearing.

Children Tested by Pure-Tone Audiometry

| | No Number Tested | Referral for appreciable hearing loss | investi- gation | Already attending Otologist |
|---|---------------------|--|--------------------|-----------------------------------|
| 'At risk' categories | | | | |
| (i) deafness in the family ... | 6 | 4 | 2 | — |
| (ii) prenatal causes: | | | | |
| maternal rubella ... | — | — | — | — |
| other conditions ... | — | — | — | — |
| (iii) perinatal causes <i>e.g.</i> toxæmia, anoxia, kernicterus, rhesus incompatability, prematur- ity, etc. | — | — | — | — |
| (iv) postnatal: | | | | |
| congenital defects ... | — | — | — | — |
| cerebral palsy ... | — | — | — | — |
| middle ear disease ... | 26 | 13 | 11 | 2 |
| meningitis or encephalitis | — | — | — | — |
| speech retardation or defect | 3 | 2 | 1 | — |
| educational retardation ... | 30 | 27 | 3 | — |
| Routine test on children in 6/7 year age group ... | 1,005 | 974 | 26 | 5 |
| Referred for possible hearing loss... | 83 | 51 | 24 | 8 |
| | 1,153 | 1,071 | 67 | 15 |

C. Orthopædic and Postural Defects:

| | Number of cases known to have been dealt with | |
|--|--|------|
| | 1968 | 1967 |
| (a) Pupils treated at clinics or out-patient departments ... | 279 | 135 |
| (b) Pupils treated at school for postural defects ... | — | — |
| Total ... | 279 | 135 |

Mr. Skinner, Physiotherapist reports:

“The work of the physiotherapy department has not materially changed from previous years. There has been a steady flow of patients from departmental medical officers and hospital departments.

We have continued to use the swimming baths, to assist our physically and emotionally handicapped. This class is a most valuable part of our remedial work. We are indebted, as in previous years, to Mrs. Jackson for her help.

The monthly visits of Dr. McNae, to advise regarding treatment for Orthopædic conditions, has now become an established and valued part of our service, available to those who wish to take advantage of it.”

The following shows details of the work undertaken by the physiotherapist.

| School Children | | | | | | | No. of Cases | Attendances |
|---------------------|-----|-----|-----|-----|-----|-----|--------------|-------------|
| Asthma | ... | ... | ... | ... | ... | ... | 8 | 29 |
| Benign Hypotonia | ... | ... | ... | ... | ... | ... | 1 | 48 |
| Breathing | ... | ... | ... | ... | ... | ... | 106 | 747 |
| Curly toes | ... | ... | ... | ... | ... | ... | 14 | 190 |
| Flat feet | ... | ... | ... | ... | ... | ... | 115 | 585 |
| Posture | ... | ... | ... | ... | ... | ... | 6 | 11 |
| Remedial exercises | ... | ... | ... | ... | ... | ... | 10 | 121 |
| Round shoulders | ... | ... | ... | ... | ... | ... | 2 | 27 |
| Scoliosis | ... | ... | ... | ... | ... | ... | 2 | 19 |
| Spastics | ... | ... | ... | ... | ... | ... | 15 | 242 |
| Pre-school Children | | | | | | | | |
| Curly Toes | ... | ... | ... | ... | ... | ... | 4 | 33 |
| Remedial exercises | ... | ... | ... | ... | ... | ... | 4 | 14 |
| Spastics | ... | ... | ... | ... | ... | ... | 7 | 232 |

Consultant Orthopædic Clinic:

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|---------------------|-----------------|
| Number of sessions held | ... | ... | ... | ... | ... | ... | 11 | |
| | | | | | | | | |
| | | | | | | | Pre-school Children | School Children |
| Number of individual patients seen by consultant, including those continuing attendance from previous year | | | | | | | 41 | 112 |
| Number of above— | | | | | | | | |
| (a) referred for operative treatment as short-stay cases only | | | | | | | — | 2 |
| (b) recommended long-stay hospital school | | | | | | | — | — |
| (c) recommended treatment by orthopædic nurse or physiotherapist— | | | | | | | | |
| (i) at treatment centres | | | | | | | — | 9 |
| (ii) domiciliary | | | | | | | — | — |
| Number of children who obtained operative treatment during the year | | | | | | | — | — |
| Total number of attendances at consultant clinic | | | | | | | 49 | 128 |

Treatment Centres:

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-------|
| Number of sessions held | ... | ... | ... | ... | ... | ... | 440 | |
| Total number of patients treated (including cases continuing treatment from previous year) | | | | | | | 15 | 279 |
| Total number of attendances | | | | | | | 279 | 2,019 |

Domiciliary Treatment:

| | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|---|---|
| Total number treated | ... | ... | ... | ... | ... | ... | — | — |
| Total number of visits to patients' homes | ... | ... | ... | ... | ... | ... | — | — |

Appliances:

| | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|---|---|
| Number of appliances—(a) recommended | | | | | | | — | — |
| (b) obtained | | | | | | | — | — |

D. Diseases of the Skin (excluding uncleanness for which see Table II):

| | | | | | | | | | Number of cases known to have been treated | |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|--|------|
| | | | | | | | | | 1968 | 1967 |
| Ringworm—(a) Scalp | ... | ... | ... | ... | ... | ... | ... | ... | — | — |
| | | | | | | | | | 2 | 1 |
| Scabies ... | ... | ... | ... | ... | ... | ... | ... | ... | 145 | 72 |
| Impetigo | ... | ... | ... | ... | ... | ... | ... | ... | 56 | 29 |
| Other skin diseases | ... | ... | ... | ... | ... | ... | ... | ... | 196 | 31 |
| Total ... | | | | | | | | | 399 | 133 |

It will be seen from the figures that the incidence of scabies has doubled during the year. The affected children have been treated at the school clinic, child contacts have also received treatment at the clinic and their homes visited by the health visitors/school nurses. Adult contacts have been advised and provided with a supply of Benzyl Benzoate for their own treatment. School inspections have been carried out but there has been little evidence of any spread of infection within the schools. Infection has occurred mostly in the homes and between relatives and neighbours.

A weekly clinic is held for the treatment of plantar warts.

E. Child Guidance Treatment:

| | | | | | | Number of cases known to have been treated | |
|--|--|--|--|--|--|--|------|
| | | | | | | 1968 | 1967 |
| Pupils treated at Child Guidance Clinics ... | | | | | | 178 | 177 |

Location of clinic:

School Clinic,
147, Skipton Road,
Keighley.

| | | | | | | | | |
|--|--|--|--|--|--|------|-------|-------|
| Number of sessions held during the year ... | | | | | | 177 | | |
| | | | | | | Boys | Girls | Total |
| Number of new cases seen... .. | | | | | | 54 | 29 | 83 |
| Number of cases referred from previous year ... | | | | | | 62 | 33 | 95 |
| Total number of cases discharged or admitted for residential treatment ... | | | | | | 47 | 26 | 73 |
| Number of cases carried forward... .. | | | | | | 69 | 36 | 105 |

During 1968 the staff of the child guidance clinic remained the same as in the previous three years. The team has consisted of a physician in charge, an educational psychologist and a psychiatric social worker with the assistance of a mental welfare officer. One hundred and seventy-eight children have attended the clinic during the year, 83 being new cases and 95 having been carried over from the previous year.

As in 1967 pupils have been referred from many agencies and it was pleasing to have early referrals from family doctors, health visitors/school nurses and consultant pædiatricians. Twenty pre-school children were referred in 1968 for disorders of behaviour or suspected mental retardation with or without an associated physical handicap.

The assistance of the physiotherapist has been invaluable in the treatment of many of the child guidance patients and we are also grateful for the assistance of probation officers, teachers, child care officers and many others.

In the report of the child guidance clinic for 1967 the need for special education in the ordinary school was stressed with a particular recommendation for the provision of a Day Remedial Centre. Further cases have been investigated during the past twelve months. The majority of these pupils have been examined and ascertained by a departmental medical officer in liaison with the child guidance team. It is found that 36 pupils have been recommended for special education in the ordinary school during the year, and on review, 28 of these are considered to be pupils who would be likely to benefit from education in a Day Remedial Centre.

| | | | |
|--|-----|-----|-----|
| No. of new cases examined by the departmental medical officer and ascertained as being in need of special education | ... | ... | 34 |
| No. of cases ascertained as being in need of special education in previous years and still in attendance at school | ... | ... | 110 |
| No. of new cases examined at the child guidance clinic and considered to be in need of special education | ... | ... | 2 |
| Total number of children who have been examined and are considered to be in need of special education in the ordinary school | ... | ... | 146 |

F. *Speech Therapy:*

| | Number of cases known to have been treated | |
|-------------------------------------|--|------|
| | 1968 | 1967 |
| Pupils treated by speech therapists | 67 | — |

Mrs. Hornsby Smith, Speech Therapist reports:

“In September, 1968 speech therapy was recommenced in Keighley. The sessions are held every Tuesday and Thursday.

Initially time was divided into reviewing old cases and interviewing new cases. A regular case load has been established comprised mainly of new cases. The majority of old patients no longer require therapy.

In 1969 Braithwaite Day Special School and Whinburn Residential Special School will be visited alternate with each other on Thursday afternoons and speech therapy treatment will be given. It is hoped that one or two visits may be arranged to the the Keighley Training Centre.”

G. Other Treatment Given:

| | Number of cases known to have been treated | |
|--|--|------|
| | 1968 | 1967 |
| (a) Pupils with minor ailments | 510 | 479 |
| (b) Pupils who received convalescent treatment under School Health Service arrangements | — | 3 |
| (c) Pupils who received B.C.G. vaccination | 276 | 428 |
| (d) Other than (a), (b) and (c) above—Ultra Violet Light ... | 9 | 4 |
| Total | 795 | 914 |

Protection of School Children against Tuberculosis:

TUBERCULIN TESTING OF SCHOOL ENTRANTS:

The tuberculin testing of school entrants was introduced in order that in the case of a positive result it would lead to a search for a source of infection and at the same time secure the placing of the child under medical supervision in order to avoid the risks which follow primary infection.

The following shows details of the work undertaken under the provisions of this scheme:

| | | | | | | |
|---------------------|-----|-----|-----|-----|-----|-----|
| Number invited | ... | ... | ... | ... | ... | 924 |
| Refused | ... | ... | ... | ... | ... | 70 |
| Absent | ... | ... | ... | ... | ... | 129 |
| Previously examined | ... | ... | ... | ... | ... | 19 |
| Negative | ... | ... | .. | ... | ... | 700 |
| Positive | ... | ... | ... | ... | ... | 6 |

Of the six cases found to be positive five had previously been vaccinated with B.C.G. and the remaining child was referred to the chest physician for further investigation and/or observation.

B.C.G. VACCINATION OF OLDER SCHOOL CHILDREN:

The scheme for the vaccination against tuberculosis of older school children was continued during the year, details of which are set out below:

| | |
|--|-------|
| Number of Medical Officers approved to undertake B.C.G. Vaccination | 3 |
| Acceptances— | |
| Number of children offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously | 560 |
| Number found to have been vaccinated previously | 1 |
| Number of acceptances | 352 |
| Percentage of acceptances | 62·97 |
| Pre-vaccination Tuberculin Test— | |
| Number of children tested... | 339 |
| Result of Heaf Test: | |
| (i) Positive 55, (ii) Negative 276, (iii) Not ascertained 8 | 339 |
| Percentage positive | 16·62 |
| Vaccination— | |
| Number vaccinated... | 276 |

Included in the above figures are 75 immigrant children who were tuberculin tested as part of a full medical examination which was undertaken prior to their admission to school.

B.C.G. VACCINATION OF SCHOOL CONTACTS:

During the year four pupils, all boys, were notified as suffering from pulmonary tuberculosis.

Details of the work undertaken in this connection are set out below.

| | |
|--|-------|
| Acceptances— | |
| Number of children offered tuberculin testing and vaccination if necessary | 283 |
| Number found to have been vaccinated previously | 108 |
| Number found to be positive previously... | 24 |
| Number of acceptances | 121 |
| Percentage of acceptances | 80·13 |
| Pre-vaccination Tuberculin Test— | |
| Number of children tested... | 113 |
| Result of Heaf Test: | |
| (i) Positive 10, (ii) Negative 103 | 113 |
| Percentage positive | 9·71 |
| Vaccination— | |
| Number vaccinated... | 103 |

Ultra Violet Light:

Nine pupils received ultra violet light treatment at the school clinic of whom three were continuing at the end of the year. Through the inter-availability of clinics, one pre-school child also received ultra violet light treatment who had been discharged at the end of the year. Altogether 92 sessions were held at which 92 attendances were made by pupils and eight by the pre-school child.

Care of the Handicapped Child:

Details of the number of handicapped pupils are given in the following table:

TABLE V

| | New Ascertainments | Re- Ascertainments | New placings in Special Schools | Total No. attending Special Schools | | Number awaiting placement in Special Schools | Number receiving home tuition |
|-------------------------------------|-----------------------|-----------------------|---|--|----------|--|--|
| | | | | Day | Boarding | | |
| Blind | — | — | — | — | 1 | — | — |
| Partially Sighted | — | — | — | 2 | 1 | — | — |
| Deaf | — | — | — | — | 4 | — | — |
| Partially Deaf | — | — | — | 5 | 2 | — | — |
| Educationally Subnormal | 5 | — | 9 | 98 | 1 | — | — |
| Epileptic | — | — | — | 1 | — | — | — |
| Maladjusted | — | — | — | — | 3 | — | — |
| Physically Handicapped | 4 | — | 3 | 3 | 4 | 1 | — |
| Suffering from Speech Defect | — | — | — | — | — | — | — |
| Delicate | — | — | — | — | — | — | — |
| Total ... | 9 | — | 12 | 109 | 16 | 1 | — |

BRAITHWAITE DAY SPECIAL SCHOOL:

At the end of the year 95 pupils were attending the Braithwaite Day Special School. Of these 57 were Keighley pupils, the remainder were admitted from areas situated outside the Borough.

Keighley pupils are now admitted at an earlier age than formerly and only occasionally are pupils admitted who are more than seven years of age.

MENTALLY SUBNORMAL CHILDREN:

No child was reported during the year as being “unsuitable for education in school” in accordance with Section 57(4) of the Education Act, 1944 as amended. However, one child was admitted to a Day Training Centre on a voluntary basis and five children were reported as requiring “care and guidance” on leaving school.

Nocturnal Enuresis:

During the year seven pupils suffering from nocturnal enuresis were issued with an Eastleigh Warning Device on loan and of these one was continuing under treatment at the end of the year.

Health Education:

Our health education activities in the schools continued during the year but are not developing as rapidly as we would like. The liaison between the health visitors and teachers has continued and the programmes in the various schools followed a similar pattern to previous years.

Medical Examination of Entrants to Training Colleges:

Seventy-two students were medically examined during the year in connection with their applications for entry to Training Colleges compared with 70 in the previous year.

Children and Young Persons Act, 1933, Employment of Children:

Thirty children were examined by departmental medical officers during the year to determine their fitness for employment under the Authority's bye-laws relating to the employment of children as compared with 69 in 1967. The above figures include those children taking part in entertainments. No child was found to be unfit.

Dental Inspection and Treatment:

Mr. Midgley, Area Dental Officer reports:

“The year 1968 followed a very similar pattern to the previous year. Full school inspections were carried out once a year, supplemented by a six monthly inspection for those who wished to avail themselves of this facility.

The five yearly review of dental decay in 5 and 14 year old children undertaken in conjunction with other selected County Clinics shows that the number of decayed/missing/filled teeth among Keighley children to be slightly but not significantly less than in other areas in the Administrative County.

Observation at school inspections reveal that most of this rate is now made up of missing and filled teeth, and that no great volume of work is now outstanding. Maintenance of this state of affairs has put a strain on the dentists employed in the General Dental Services and School Dental Service alike, and will only be eased when fluoridation is in operation.”

TABLE VI

Attendances and Treatment

| | Ages 5 to 9 | Ages 10 to 14 | Ages 15 and over | Total |
|---|----------------|------------------|---------------------|-------|
| First visit | 733 | 875 | 189 | 1,797 |
| Subsequent visits | 482 | 1,967 | 432 | 2,881 |
| Total visits | 1,215 | 2,842 | 621 | 4,678 |
| Additional courses of treatment commenced | 40 | 101 | 34 | 175 |
| Fillings in permanent teeth... .. | 725 | 2,286 | 690 | 3,701 |
| Fillings in deciduous teeth | 165 | 9 | — | 174 |
| Permanent teeth filled | 706 | 2,217 | 681 | 3,604 |
| Deciduous teeth filled | 159 | 8 | — | 167 |
| Permanent teeth extracted | 89 | 388 | 106 | 583 |
| Deciduous teeth extracted | 1,353 | 340 | — | 1,693 |
| General anæsthetics... .. | 463 | 290 | 41 | 794 |
| Emergencies | 153 | 71 | 5 | 229 |
| Number of pupils X-rayed | | | | 71 |
| Prophylaxis | | | | 61 |
| Teeth otherwise conserved | | | | 1 |
| Number of teeth root filled | | | | 9 |
| Inlays | | | | 5 |
| Crowns | | | | 12 |
| Courses of treatment completed... .. | | | | 1,893 |

Orthodontics

| | |
|--|----|
| Cases remaining from previous year ... | 86 |
| New cases commenced during year ... | 28 |
| Cases completed during year | 52 |
| Cases discontinued during year | 11 |
| Number of removable appliances fitted... | 52 |
| Number of fixed appliances fitted ... | 1 |
| Pupils referred to Hospital Consultant ... | — |

Prosthetics

| | Ages 5 to 9 | Ages 10 to 14 | Ages 15 and over | Total |
|---|----------------|------------------|---------------------|-------|
| Pupils supplied with F.U. or F.L. (first time)... | — | — | 1 | 1 |
| Pupils supplied with other dentures (first time)... | 4 | 15 | 9 | 28 |
| Number of dentures supplied | 5 | 29 | 14 | 48 |

| | | | | |
|-------------|--|-----|-----|----|
| Anæsthetics | General Anæsthetics administered by Dental Officers... | ... | ... | 12 |
|-------------|--|-----|-----|----|

Inspections

| | | | | | | | | |
|-----|--|------------------|-----|-----|-----|-----|-----|-------|
| (a) | First inspection at school. | Number of pupils | ... | ... | ... | ... | ... | 6,710 |
| (b) | First inspection at clinics. | Number of pupils | ... | ... | ... | ... | ... | 548 |
| | Number of (a) + (b) found to require treatment | | ... | ... | ... | ... | ... | 2,708 |
| | Number of (a) + (b) offered treatment | | ... | ... | ... | ... | ... | 2,624 |
| (c) | Pupils re-inspected at school or clinic | ... | ... | ... | ... | ... | ... | 507 |
| | Number of (c) found to require treatment | | ... | ... | ... | ... | ... | 297 |

Sessions

| | | | | |
|---|-----|-----|-----|------|
| Sessions devoted to treatment | ... | ... | ... | 504* |
| Sessions devoted to inspection | ... | ... | ... | 40 |
| Sessions devoted to Dental Health Education | ... | ... | ... | — |

* Includes 2 anæsthetist sessions

STAFF OF THE HEALTH DEPARTMENT

as at 31st December, 1968

MEDICAL STAFF

| | |
|--|---|
| County Medical Officer and Principal School Medical Officer | Ronald W. Elliott, M.D., M.SC., D.P.H. |
| Deputy County Medical Officer | H. W. S. Francis, M.A., M.B., B.CHIR., D.P.H. |
| Principal Medical Officers: | |
| Care of Mothers and Young Children and Nursing Services | P. H. Brewin, M.B., CH.B., D.P.H. |
| Mental Health Service ... | D. E. Jeremiah, M.B., B.S., D.T.M. and H., D.P.H. |
| School Health Service ... | C. S. Smith, M.B., B.S., M.R.C.S., L.R.C.P. |
| Epidemiology | G. E. Leyshon, M.B., CH.B., D.OBST.R.C.O.G., D.P.H. |
| Additional Medical Officer ... | J. A. Cooney, M.B., CH.B., B.A.O., D.T.M. and H. |
| Venereologist (part-time) ... | J. A. Burgess, M.D., CH.B., D.P.H. |
| Obstetrician (Joint appointment with Hospital Services) | J. C. MacWilliam, L.R.C.P., L.R.C.S., L.R.F.P.S., D.OBST.R.C.O.G. |
| Senior Medical Officers for the Child Guidance Service ... | Muriel Blackburn, M.B., B.S., D.P.M. Katherine N. Maxwell, M.B., CH.B. |
| Divisional Medical Officers— | |
| Division No. and Name | |
| 1 (Skipton) | M. Hunter, M.B.E., M.D., CH.B., D.P.H. |
| 3 (Keighley) | V. P. McDonagh, M.B., CH.B., D.P.H. |
| 4 (Shipley) | J. Battersby, M.B., CH.B., D.P.H. |
| 5 (Horsforth) | A. Telford Burn, M.B., B.S., D.P.H. |
| 7 (Harrogate) | N. V. Hepple, M.D., B.S., B.HY., D.P.H. |
| 9 (Wetherby) | W. D. Dolton, M.A., M.B., B.CHIR., M.R.C.S., L.R.C.P., D.P.H. |
| 10 (Goole) | S. K. Appleton, M.D., CH.B., D.P.H., D.T.M. |
| 11 (Castleford) | J. M. Paterson, M.B., CH.B., D.P.H. |
| 12 (Pontefract) | J. F. Fraser, M.B., B.S., D.P.H., D.OBST.R.C.O.G. |
| 13 (Morley) | G. Ireland, B.SC., M.B., B.CH., D.P.H. |
| 15 (Spenborough) | W. M. Douglas, M.B., CH.B., D.P.H. |
| 18 (Calder Valley) | N. E. Gordon, M.B., CH.B., D.P.H. |
| 20 (Colne Valley) | P. M. Sammon, M.B., CH.B., D.P.H. |
| 22 (Wortley) | F. C. Armstrong, M.B., B.CH., D.P.H. |
| 23 (Hemsworth) | J. S. Walters, M.C., M.B., CH.B., D.P.H. |
| 25 (Barnsley) | C. G. Oddy, M.B., CH.B., D.P.H. |
| 26 (Wath upon Dearne) | D. J. Cusiter, M.B., CH.B., D.P.H., D.T.M. and H. |

Divisional Medical Officers—continued

| | | |
|--------------------|-----|--|
| 27 (Doncaster) ... | ... | R. Stalker, M.B., CH.B., D.P.H. |
| 29 (Thorne) ... | .. | G. Higgins, B.SC., M.B., CH.B., D.P.H. |
| 31 (Rotherham) ... | ... | J. T. Clow, M.B., B.S., D.P.H. |

Departmental Medical Officers and School Medical Officers—

Division No. and Name

| | | |
|------------------------|-----|---|
| 1 (Skipton) ... | ... | *Helen M. Dean, M.B., CH.B., D.P.H. *G. H. Cooper, M.B., CH.B. *Shirley Jessop, M.B., CH.B., D.P.H. |
| 3 (Keighley) ... | ... | *Doreen E. Gledhill, M.B., CH.B. J. I. Bennet, M.B., CH.B. |
| 4 (Shipley) ... | ... | *J. P. Stuart, M.B., CH.B. |
| 5 (Horsforth) ... | ... | *Helen M. Mitchell, M.B., CH.B. Joan M. Murdoch, L.M.S.S.A. |
| 7 (Harrogate) ... | ... | *Isobel B. Alexander, M.B., CH.B., D.P.H. *Gertrude M. Polson, B.SC., M.B., CH.B., D.OBST.R.C.O.G. P. A. G. M. Ashmore, M.R.C.S., L.R.C.P. A. W. I. Hall, M.B., B.CHIR. |
| 9 (Wetherby) ... | ... | *S. H. Brock, M.B., CH.B., D.P.H. Barbara M. Brooke, M.B., CH.B. |
| 9 (Rothwell) ... | ... | S. M. Dick, L.R.C.P., L.R.C.S. |
| 10 (Goole) ... | ... | *Muriel J. Lowe, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H. Eileen M. R. Bell-Syer, M.B., B.S. |
| 11 (Castleford) ... | ... | *R. Chapman, M.B., CH.B., D.P.H. |
| 12 (Pontefract) ... | ... | Vacancy |
| 13 (Morley) ... | ... | *Barbara Briggs, M.B., CH.B., D.P.H. Irene Hargreaves, M.B., CH.B. Doreen M. M. Anderson, M.B., CH.B. Teresa Rose, M.B., B.S., M.R.C.S., L.R.C.P. |
| 15 (Spenborough) ... | ... | *Lorna Arblaster, M.B., CH.B., D.P.H. *Freda M. Cox, M.R.C.S., L.R.C.P., D.P.H. Alexandrina McPheat, M.B., CH.B., D.P.H. Emma M. H. Holdsworth, M.B., CH.B. |
| 18 (Calder Valley) ... | ... | *Marie P. Milligan, B.SC., M.B., CH.B., D.P.H. *Sheila F. Schofield, M.B., CH.B., D.C.H., D.P.H. D. C. McKerr, M.B., CH.B., B.A.O. Madeline G. P. Moxon, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M. |

Departmental Medical Officers and School Medical Officers—continued

| | | |
|-----------------------|-----|---|
| 20 (Colne Valley) | ... | *Annie L. J. Cusack, B.A., M.B., B.CH., B.A.O., D.P.H. L. Lloyd-Evans, M.B., CH.B. G. D. Rowarth, M.B., CH.B. |
| 22 (Wortley) | ... | Melba R. McGinty, M.B., CH.B. R.V. Read, M.R.C.S., L.R.C.P., D.P.M. |
| 23 (Hemsworth) | ... | *Edith E. Cromb, M.B., CH.B., D.P.H. Josephine Hayes, M.B., CH.B. C. H. Merry, M.R.C.S., L.R.C.P. |
| 25 (Barnsley) | ... | Anne M. Gill, M.B., B.CH. |
| 26 (Wath upon Dearne) | ... | *S. K. Pande, M.B., B.S., D.P.H. Margaret E. J. Bolsover, M.B., CH.B. |
| 27 (Doncaster) | ... | *J. A. Beal, M.R.C.S., L.R.C.P., D.P.H. Joyce K. Howarth, M.B., CH.B., D.C.H. |
| 29 (Thorne) | ... | Vacancy |
| 31 (Rotherham) | ... | Margaret J. Hallinan, M.R.C.S., L.R.C.P. |

132 General Medical Practitioners who act as Child Welfare Centre Medical Officers and are employed on a sessional basis. This is the equivalent of 21·1 whole-time Departmental Medical Officers.

* Senior Departmental Medical Officers.

Chest Physicians—(Joint Appointments with Hospital Services)—

SHEFFIELD REGION

D. H. Anderson, V.R.D., M.D., B.CH., B.A.O., D.P.H.
J. J. Danaher, M.B., B.CH., B.A.O.
F. C. N. Holden, M.D., B.S., M.R.C.S., L.R.C.P.
A. C. Morrison, M.D., CH.B., D.P.H.
J. D. Stevens, M.D., B.SC., M.R.C.S., L.R.C.P.

LEEDS REGION

R. A. Bruce, D.M., M.A., B.M., B.CH., M.R.C.P.
D. J. Charley, M.D., B.S., M.R.C.P., M.R.C.S.
G. F. Edwards, M.B.E., M.B., B.S., M.R.C.P., M.R.C.S.
H. Grunwald, M.D. (Vienna)
W. D. Hamilton, M.B., B.CH., B.A.O., D.P.H.
W. H. Helm, M.R.C.P., M.R.C.S.
J. W. Jordan, M.D., B.S., L.R.C.P., M.R.C.S.
M. J. Livera, M.D., B.S., M.R.C.P.
B. T. Mann, B.SC., M.D., CH.B., D.P.H.
Marjorie S. Oxley, M.B., CH.B., T.D.D.
J. K. Scott, M.B., CH.B., M.R.C.P., D.P.H.
D. K. Stevenson, M.B., CH.B., M.R.C.P.
J. Viner, M.B., CH.B.
J. Y. Walker, M.B., CH.B., D.P.H.
A. Weleminsky, M.D. (Prague)

Other Medical Specialists in the School Health Service (Regional Hospital Board and University Appointments)—

OPHTHALMIC

N. N. Agarwell, M.B., B.S., F.R.C.S., D.O.
S. K. Banerjee, M.B., B.S., D.O.
H. C. Black, M.B., B.CH., B.A.O., D.O.M.S.
S. B. Davies, L.R.C.P., L.R.C.S., D.O.
M. K. Godbole, M.B., B.S., D.O.
R. Hawe, M.B., CH.B., B.A.O., D.O.
M. A. C. Jones, M.B., CH.B., F.R.C.S., D.O.
S. M. Kamaluddin, M.B., B.S., D.O.M.S.
B. A. Marshall, M.B., CH.B., D.O.M.S.
N. L. McNeil, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
K. H. Mehta, M.B., B.S., M.R.C.S., L.R.C.P., D.O.
K. K. Prasher, M.B., B.S., D.O.
T. B. Priestley, M.R.C.S., L.R.C.P.
S. Robertson, M.B., CH.B., D.O.M.S.
J. Roche, M.A., M.B., B.CH., D.O.
E. S. Tan, M.B., CH.B., D.O.M.S.
C. W. Thornhill, F.R.C.S., L.R.C.P. and L.M., L.R.C.S.I. and L.M., D.O.
L. Wittels, M.D. (Vienna), D.O.
J. L. Wood, M.R.C.S., L.R.C.P.

ORTHOPAEDIC

J. H. Annan, M.B., CH.B., F.R.C.S.
R. W. L. Calderwood, F.R.C.S., L.R.C.P.
K. S. Davies, M.B., CH.B., F.R.C.S., L.R.C.P.
J. G. Gill, V.R.D., M.B., B.CH., F.R.C.S., D.OBST., R.C.O.G.
N. Grewal, O.B.E., F.R.C.S., M.CH.ORTH.
G. F. Hird, M.B., CH.B., F.R.C.S.
G. Hyman, M.B., CH.B., F.R.C.S.
P. Kilburn, M.B., CH.B., F.R.C.S., M.CH.ORTH.
Miss P. A. I. Macleod, B.Sc., M.B., CH.B., F.R.P.S., F.R.A.C.S.
W. H. Maitland-Smith, M.B., CH.B., F.R.C.S., M.CH.ORTH.
Miss M. A. Pearson, M.B., CH.B., F.R.C.S.
E. R. Price, M.B., B.S., F.R.C.S., M.R.C.P.
J. Wishart, M.B., CH.B., F.R.C.S.

E.N.T.

H. K. Das, F.R.C.S., D.O.
R. D. Dunsmore, M.B., B.S., M.R.C.S., L.R.C.P.
W. M. S. Ironside, M.B., CH.B., F.R.C.S.
S. Kavanagh, L.R.C.P.I. and L.M., F.R.C.S., D.L.O.
S. P. Mahatme, F.R.C.S.
K. M. Mayhall, M.A., M.B., B.CHIR., F.R.F.P.S., M.R.C.S., L.R.C.P., D.L.O.
H. Morus-Jones, M.C., M.B., B.S., F.R.C.S., L.R.C.P., D.L.O.
J. E. Rees, M.R.C.S., D.L.O.
W. L. Rowe, M.B., CH.B., F.R.C.S.

PAEDIATRIC

C. S. Livingstone, M.R.C.P., D.C.H.
E. M. O'Neill, M.D., M.R.C.P., D.C.H.
J. D. Pickup, M.D., CH.B., D.C.H.
L. J. Prosser, M.B., CH.B., D.C.H.
R. J. Pugh, M.B., CH.B., M.R.C.P., M.R.C.S., D.C.H.
G. Rajan, M.R.C.P.
A. P. Roberts, M.B., B.S., M.R.C.P., M.R.C.S., D.C.H.
C. M. Tiwary, M.B., B.S., D.M.B.E., M.R.C.P.(Edin.), M.R.C.P.(Glasgow)

CARDIAC

J. R. Fountain, M.D., M.R.C.P., M.B., CH.B.
P. C. Raynell, D.M., B.CH., M.R.C.P.
W. S. Suffern, M.D., CH.B., M.R.C.P., M.R.C.S., L.R.C.P.

DERMATOLOGICAL

W. E. Alderson, M.A., B.M., B.CH.

PSYCHIATRIC

Elizabeth Gore, M.D., CH.B., D.OBST.R.C.O.G., D.P.M.
K. D. Hopkirk, M.A., M.R.C.S., L.R.C.P., D.P.M.
J. D. Orme, M.R.C.S., L.R.C.P., D.P.M.

CHILD GUIDANCE SERVICE

| | | | | |
|---------------|-----|-----|-----|--|
| Psychologists | ... | ... | ... | P. W. Atkinson, B.A. F. A. Brown, B.A. J. B. Mannix, M.ED. P. J. Monaghan, B.A. (Hons.) D. G. Pickles, M.A. R. I. Pilkington, B.A. H. B. Valentine, M.A. |
|---------------|-----|-----|-----|--|

7 Psychiatric Social Workers (4 part-time).

SPEECH THERAPY SERVICE

Chief Speech Therapist ... Vacancy.
14 Speech Therapists (9 part-time).

DENTAL SERVICE

| | | |
|---------------------------------|-----|--|
| Chief Dental Officer, Principal | | |
| School Dental Officer | ... | H. Taylor, L.D.S. |
| County Orthodontist | ... | G. A. Thompson, B.CH.D., L.D.S., Dip. Orth. R.C.S. |
| Dental Specialist | ... | M. R. Hollings, F.D.S., B.CH.D. |
| Senior Clinical Dental Officers | | W. A. Allen, B.D.S. J. M. Enderby, L.D.S. Joyce Neden, B.D.S. F. H. Sanderson, L.D.S. |

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| Area Dental Officers ... | ... | J. R. Clayton, B.CH.D., L.D.S. K. R. Cowell, B.CH.D., L.D.S. E. Doherty, B.D.S. P. F. A. Eltome, L.D.S. J. D. Franks, L.D.S. Mary M. Gibson, L.D.S. Valerie P. Lindsay, L.D.S. A. S. Metcalfe, L.D.S. E. S. Midgley, L.D.S. S. Mitchinson, L.D.S. J. Naftalin, L.D.S. B. Sleight, B.CH.D. H. G. Thorpe, L.D.S. H. M. Yuile, L.D.S. |
| Senior Dental Officers | ... | M. S. Ormesher, B.D.S. F. A. Rycroft, B.CH.D., L.D.S. |
| School Dental Officers | ... | M. J. Boyles, L.D.S. Joan M. Davison, L.D.S. W. H. Dyke, L.D.S. T. C. Dykes, B.D.S. R. F. Grainger, B.CH.D., L.D.S. Carole M. Hancock, B.D.S. Patricia A. Harrison, B.D.S. M. Hattan, L.D.S. D. H. Hoyle, B.CH.D., L.D.S. Margaret A. Kaye, B.D.S. F. Kershaw, L.D.S. J. M. Laurent, B.D.S. R. B. Lawrence, L.D.S. M. J. Limb, B.D.S. E. Lowery, B.D.S. C. F. Martin, B.CH.D., L.D.S. D. B. Owen, L.D.S. M. J. Prendergast, B.D.S. Jessie Rothera, L.D.S. Susanne E. Schloss, L.D.S. P. Smith, L.D.S. E. Thornton, L.D.S. T. O. Tweedie, L.D.S. J. G. N. Wills, L.D.S. |
| 6 Dental Auxiliaries | | |
| Senior Dental Technician | ... | J. O. Ford |
| 8 Technicians | | |
| 2 Boy Dental Apprentices | | |
| 52 Dental Surgery Assistants | | |

NURSING AND MIDWIFERY

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| County Nursing Officer ... | ... | Marjorie G. Atkinson, D.N., S.R.N., S.C.M., H.V. CERT., D.T. (Queens) |
| Deputy County Nursing Officer | | Naomi I. Harris, S.R.N., S.C.M., H.V. CERT., D.T. (Queens) |
| Non-Medical Supervisors of Mid- wives ... | ... .. | Sarah E. D. Stuart, B.A., S.R.N., S.C.M., M.T.D. Dorothy Whitaker, S.R.N., S.C.M. |
| Health Visitor Tutor ... | ... | Rona E. Chambers, S.R.N., S.C.M. (Part I) H.V. CERT., H.V. TUTOR'S CERT. |

- 18 Divisional Nursing Officers.
- 280 Health Visitors and School Nurses (15 part-time).
- 117 Assistant Health Visitors (50 part-time).
- 2 Orthopædic Nurses and Physiotherapists (2 part-time).
- 4 Tuberculosis Visitors.
- 4 Venereal Diseases Social Workers (Qualified Health Visitors).
- 319 Home Nurses and Home Nurse/Midwives (24 part-time).
- 176 Midwives (13 part-time).
- 5 Matrons and 28 other nursing staff at 5 Day Nurseries.
- 3 Social Workers
- 15 Trainee Social Workers.

MENTAL HEALTH SERVICE

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| Psychiatric Social Worker-Tutor | Maria Farrow, A.A.P.S.W. |
| Senior Mental Welfare Officers | R. Aspinall Margaret M. de la Cour A. Emmerson J. H. Hope, A.A.P.S.W. J. G. Jarvis Dorothy W. Lynes S. Parkinson, A.A.P.S.W. |

- 56 Mental Welfare Officers
 - Organiser of Training ... Frances E. Woolley, DIP.N.A.M.H.
 - 1 Peripatetic Advisory Instructor
- 19 Supervisors in Mental Health Training Centres
- 132 Assistant Supervisors and other assistant staff
- 11 Cadets
 - 3 Home Teachers for (Mentally) Subnormal Children (2 part-time)
 - 3 Wardens in Mental Health Hostels
 - 4 Assistant Wardens in Mental Health Hostels

DOMESTIC HELPS

3,241 Domestic Helps

PUBLIC HEALTH INSPECTORS

Chief County Public Health Inspector ... D. Greenwood, M.A.P.H.I.
County Public Health Inspectors ... J. D. Clayton, A.R.S.H., M.A.P.H.I.
D. Jagger, M.A.P.H.I.
2 Pupil Public Health Inspectors
2 Milk Sampling Officers

HEALTH EDUCATION

Health Education Officer ... Mary Tattersall, D.N., S.R.N., S.C.M., H.V. CERT.,
D.T. (Queens)
1 Health Education Technician

ANALYSTS

County Analyst ... R. Mallinder, B.SC., F.R.I.C. (part-time).
Deputy County Analyst ... J. C. Harrel, F.R.I.C. (part-time).

ADMINISTRATIVE AND CLERICAL

Chief Administrative Officer ... G. Richardson, D.P.A.
Sectional Administrative Officers... J. H. Milne, D.P.A.
H. Beatson
W. J. Battye
R. S. Marshall
T. Myton, D.P.A.
T. R. Schofield, D.P.A.
Administrative Officers ... E. Brown
H. V. Brook
J. W. Ibbotson
D. Marshall, D.P.A.
D. Ramsbottom
J. Spruce, D.P.A.
P. Ward, D.P.A.

20 Divisional Administrative Officers

362 Other Clerical Staff (including part-time)